UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) JASON SCOTT LEIDERMAN Date: 08/13/2015

From: SECURITY
DJ-LECIU
Contact:

Approved By:

Drafted By:

Case ID #: 259A-HQ-6567942 (U) JASON SCOTT LEIDERMAN

SCIP-CIPA NIP-FBISEC

Synopsis: (U) JASON SCOTT LEIDERMAN

Full Investigation Initiated: 08/13/2015

Details:

JASON SCOTT LEIDERMAN

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UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Import Form

Title: (U) Jason Leiderman DOJ

Approved By:
Drafted By:

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Case ID #: 259A-HQ-6567942

(U) JASON SCOTT LEIDERMAN SCIP-CIPA

NIP-FBISEC

Synopsis: (U) Jason Leiderman DOJ

Enclosure(s): Enclosed are the following items:

1. (U) Jason Leiderman SF-86

2. (U) Jason Leiderman pt 2

**

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued) .	
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmoth Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sist has a U.S. address and is not deceased.	r, Stepfather, Foster parent, Child (Including adopted/foster), er, Father-in-law, Mother-in-law, Guardian and is not a U.S. Clilzen,
22	Provide type of documentation he or she possesses to support U.S. residence.	
Entry #2	U.S. Allen registration U.S. Visa	Provide document number
듄	Other (Provide explanation) >	
	Provide approximate date of first contact, (Month/Year) Provide ap	roximate date of last contact. (Month/Year) Cl Propent
- 1	Est.	roximate date of last contact. (Manth/Year) Present Est.
		Tl car
	Provide methods of contact (Check all that apply).	
		tronic (Such as e-mail, texting, chat rooms, etc)
į	☐ Written correspondence ☐ Other (Provide explanation) ▶	
Į	Provide approximate frequency of contact,	
	☐ Daily ☐ Monthly ☐ Ann	ually
	☐ Weekly ☐ Quarterly ☐ Oth	er (Provide explanation) ▶
- 1	Provide name of current employer, or provide the name of their most recent employer	r if not currently employed (if known).
	Employer name	
- }	l don't know	
ļ	Provide the address of current employer, or provide the address of their most recent	emplayer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)	I don't know
	Street City 5	tate Zip Code Country
		*
	is this relative affiliated with a foreign government, military, security, defense industr	, foreign movement, or intelligence service?
	YES — Describe the relative's relationship with the foreign governm	nt, military, security, defense industry, foreign movement, or intelligence
	NO service,	
	I dan't know	
Ļ		
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-siste has a foreign address and is not deceased.	
2	Provide approximate date of first contact. (Month/Year) Provide approximate date of first contact.	roximate date of last contact. (Month/Year) Present
Entry #2	∏ Est.	☐ Est.
Ē		
	Provide methods of contact (Check all that apply).	tronic (Such as e-mail, texting, chat rooms, etc)
		nonic (Such as e-mail, texting, char fooms, etc)
	Written correspondence ☐ Other (Provide explanation) ▶	
	Provide approximate frequency of contact.	
	Daily Monthly Ann	ally
1	☐ Weekly ☐ Quarterly ☐ Other	r (Provide explanation) >
	Provide name of current employer, or provide the name of their most recent employer	r if not currently employed (If known).
	Employer name	
	1 don't know	
	Provide the address of current employer, or provide the address of their most recent	employer if not currently employed. (Provide City
1.	and Country if outside the United States; otherwise, provide City, State and Zip Code)	
1	Street City 5	tate Zip Code Country
-		
1	Is this relative affiliated with a foreign government, military, security, defense industry	
	YES — Describe the relative's relationship with the foreign government service.	nt, milltary, security, defense industry, foreign movement, or intelligence
	□ NO	
	I don't know	
ــا		
Ent	ter your Social Security Number before going to the next page	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Sect	ion 18 - Relatives -	(Continued,	1							
	Entry	/ #3									140,-
F	rovi	de relative type.		·- ··· · · · · · · · · · · · · · · · ·							···
		de your relative's ful	name.		Ci-t-				Middle name		C
1	asi i	name			First n	ame		1	Militale Hame	-1	Suffix
:				I 5	1				***		
		de your relative's da (Month/Day/Year)	te of birth.	City	your relativ	e's place of birth.	State		Country (Required)		
		(☐ Est.								
F	rovi	de your relative's co	untry(les) of	citizenshir), ·	•			· · · · · · · · · · · · · · · · · · ·		·
		try #1				Country #2					
										,	
Γ	18,	1 Complete the foll	owing if the r	elative lis	ed is your l	Mother, Father, St	epmother, Stepfa	ther, C	hild (including adopte	d/foster). Ste	ochild, Brother,
		Sister, Stepbrot	ner, Stepsis	ter, Half-i	orother, Ha	olf-sister.					
52	lf n	nother, provide you	mother's ma	siden nam		Same as listed	i don't kno	w	•		
Entry #3	tas	st name			First n	ame		1	Middle name	1	Suffix
듮											
7	Ha	s this relative used a	any other nar	nes?							
1		YES NO									
	Pro	ovide other names u me, alias, or nicknam	sed and the ; ne).	perlad of t	ime that yo	ur relative used the	em (such as maide	n name	by a former marriage, i	former	Not applicable
	_	Last name				First name	, , , , , , , , , , , , , , , , , , , ,		Middle name	,	Suffix
1		•		•	•			•			
1		Malden name?	From (Mont	h/Year)		To (Month/Year)	Present	Provi	de the reason(s) why th	e name chang	jed.
1		YES NO			Est.		Est.				
	#2	Last name				First name			Middle name		Suffix
		Maiden name?	From (Mont	h/Year)		To (Month/Year)	Present	Provi	de the reason(s) why the	e name chang	red.
		TYES NO			Est.		Est,			,,,	
1	#3	Last name	ļ			First name			Middle name		Suffix
			· .								
		Maiden name?	From (Mont	h/Year)		To (Month/Year)	☐ Present	Provi	de the reason(s) why the	e name chang	led.
1		TYES TNO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Est.		Est.	1			,
	#4	Last name				First name		<u> </u>	Middle name		Suffix
	11-7	Lastriallic				Machania	•		I WAGIE HOME		Julia
		Malden name?	From (Monta	h/Veacl	1	To (Month/Year)		Droui	de the reason(s) why the	a anna chasa	
		YES NO			Est.	1.	Present Est.		de the readults) why the	a name chang	cu.
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n	er y	our Social Secu	rity Numbe	r before	going to	the next page				069	-68-8543

Standard Form 86
Revised December 2010
U.S. Office of Personnel Management

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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5 CFR Pans /31, 732, and 736	JR .					
Section 18 - Relatives - (Continued	7)		<u> </u>		VEO (11)	
Is your relative deceased?					YES (If YES, proc	
18.2 Complete the following if the Stepchild, Brother, Sister,	relative listed is your N Stepbrother, Stepsist	Nother, Father, Ste er, Half-brother, H	pmother, Stepfather, alf-sister, Father-in-la	Foster parent, Child w, Mother-In-law, C	d (including ado _l Súardian and is n	pted/foster), ot deceased.
S.						
Fairr #4						
18.3 Complete the following if the Sister, Stepbrother, Stepsis	relative listed is your M	other, Father, Ste	omother, Stepfather, C	Child (including add	opted/foster), Ste	pchild, Brother,
OR						
Complete the following if the Stepchild, Brother, Sister, 5	Stepbrother, Stepsiste	other, Father, Ste er, Half-brother, Ha	omotner, Steptather, i Ilf-sister, Father-in-lav	oster parent, Child v, Mother-in-law, G	l (including adop uardian and is a l	u.S. Citizen,
foreign born and has a U.S. o						
Provide one type of documentation FS 240 or 545		,		Vanation) b		
FS 240 or 545 DS 1350	U.S. Naturalizat	ion cermicate	Other (Provide exp	natiation) y		
U.S. Clifzenship certificate	None (Provide e	explanation) >				
Provide document number.			of the count that issued	the U.S. Citizenship	/Naturalization co	ertificate,
Provide the address of the court the Street	et issued the U.S. Citiz	enship/Naturalizati			State	Zip Code
atreat			City		Julie	Zip Coos
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	or before doing to				ne:	9-68-8543

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - <i>(Continued)</i>
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-In-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
Entry #3	Provide type of documentation he or she passesses to support U.S. residence. U.S. Allen registration U.S. Visa Provide document number Other (Provide explanation) >
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.
	Provide methods of contact (Check all that apply). In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc) Written correspondence Other (Provide explanation) >
	Provide approximate frequency of contact. ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
	Is this relative affillated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
Entry #3	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.
	Provide methods of contact (Check all that apply). In person Other (Provide explanation) Electronic (Such as e-mail, texting, chat rooms, etc)
	Provide approximate frequency of contact. Dally Monthly Annually Weekly Quarterly Other (Provide explanation)
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service. NO I don't know
_ _	ter your Speigl Security Number before going to the payt page
۲n	ter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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Sec	tion 18 - Relatives - (Continue	d)				
Entr	гу #4					3.0
Prov	ride relative type.					
	ride your relative's full name. name	[First name		Middle name	Suffix
	ride your relative's date of birth. (Month/Day/Year) Est.	City	relative's place of birth.	State	Country (Required)	
	ride your relative's country(les) onlry #1		Country #2		al al	
18	3.1 Complete the following if the	relative listed is	your Mother, Father, St	tepmother, Stepfa	ther, Child (Including adopte	ed/foster), Stepchild, Brothe
E017) #4						
#3	B Last name .		First name	- T-	Middle name	Suffix
#3	Last name Malden name? From (Ma		First name To (Month/Year)	Present	Middle name Provide the reason(s) why ti	
	Malden name? From (Ma		To (Month/Year)			
	Maiden name? From (Mo	E	To (Month/Year) st. First name To (Month/Year)		Provide the reason(s) why ti	ne name changed.
	Maiden name? From (Ma YES NO Last name Maiden name? From (Ma	nth/Yeər)	To (Month/Year) st. First name To (Month/Year)	Est.	Provide the reason(s) why the Middle name	ne name changed.
_	Maiden name? From (Ma YES NO Last name Maiden name? From (Ma	nth/Yeər)	To (Month/Year) st. First name To (Month/Year)	Est.	Provide the reason(s) why the Middle name	ne name changed.
_	Maiden name? From (Ma YES NO Last name Maiden name? From (Ma	nth/Yeər)	To (Month/Year) st. First name To (Month/Year)	Est.	Provide the reason(s) why the Middle name	ne name changed.

Standard Form 86

QUESTIONNAIRE FOR

ec	ction 18 - Relatives - (Continued)	<u> </u>				-	
_	18.2 Complete the following if the relative listed i Stepchild, Brother, Sister, Stepbrother, S						
	Provide your relative's current address. (Provide C Street	ity and Country if outside the United State City			de) Country		
	Does this relative have an APO/FPO address? YES Provide your relative's APO Address I don't know	VFPO address.	APO or FPO	APO/FPO S	State Code	Zip Code	
	18.3 Complete the following if the relative listed is Sister, Stepbrother, Stepsister, Half-broth OR Complete the following if the relative listed is Stepchild, Brother, Sister, Stepbrother, S foreign born and has a U.S. or APO/FPO ad	er, Half-sister and is a U.S. Ciliz your Mother, Father, Stepmoth tepsister, Half-brother, Half-sist	en, foreign born and i er, Stepfather, Foste	s deceased. er parent, Child (including ado	pted/foster),	40.73
	Provide decument number	Provide the name of the	court that lesued the	115 Citizanehioli	Naturalization o	portificato	
	Provide document number.	Provide the name of the	court that Issued the	U.S. Citizenship/I	Naturalization o	certificate.	
				U.S. Citizenship/t	Naturalization o	zertificate. Zíp Code	
	unk Provide the address of the court that issued the C	.S. Citizenship/Naturalization cert		U.S. Citizenship/t			
	unk Provide the address of the court that issued the C	.S. Citizenship/Naturalization cert		U.S. Citizenship/t			
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

[\$	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Stepstother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.
Entry #4	Provide type of documentation he or she possesses to support U.S. residence. U.S. Alien registration U.S. Visa Provide document number Other (Provide explanation) >
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est.
	Provide methods of contact (Check all that apply). In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc) Written correspondence Other (Provide explanation)
	Provide approximate frequency of contact. ☐ Dally ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; atherwise, provide City, State and Zip Code) Street City State Zip Code Country
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? YES
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a foreign address and is not deceased.
Entry #4	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Est. Provide approximate date of last contact. (Month/Year) Est.
	Provide methods of contact (Check all that apply). In person Written correspondence Other (Provide explanation)
	Provide approximate frequency of contact. □ Daily □ Monthly □ Annually □ Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known), Employer name I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service? Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
∟ Ente	er your Social Security Number before going to the next page 069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB Ng. 3206 0005

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Sei	tion 18 - Relatives -	(Continued	11					
	try #5	(Outline Co.						
	vide relative type.	,					· · · · · · · · · · · · · · · · · · ·	
LIU	vide relative type.					•	4	l.
Pro	vide your relative's ful	name.						•
	t name		F	irst name	•	Middle name	!	Suffix
	•							
	vide your relative's da	te of birth.		elative's place of birth.	Ctalo	Country (Rec		
Dat	a (Month/Day/Year)	☐ Est.	City		State	Country Ive	(unea)	
Dro	vide your relative's co		citlzeachin	· · · · · · · · · · · · · · · · · · ·	 			
	intry #1	nutti A/Ica) ni	dizersiip.	Country #2				
					·			
1	8.1 Complete the folio	nwing if the	relative listed is	your Mother, Father, \$	Stenmother Stenfa	ther. Child (includ	ng adopted/foster)	Stenchild Brother
	Sister, Stepbrot	ner, Stepsis	ter, Half-brothe	er, Half-sister.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ing acoptoditoster)	otoperma, brother,
Signature .								
1								
#	1 Last name			First name		Middle n	ame	Suffix
								*
	Maiden name?	From (Mon		To (Month/Year)	Present	Provide the reason	n(s) why the name o	hanged.
_	YES NO			st.	Est,			
#	2 Last name			First name		Middle n	ame	Suffix
	141							
	Malden name?	From (Mont	th/Year)	To (Month/Year)	Present	Provide the reaso	n(s) why the name c	hanged
_	YES NO		<u></u>	st,	Est.			
#	3 Last name			First name	4	, Middle n	ame	Suffix
		101	4.				45	
	Maiden name?	From (Mont	(h/Year)	To (Month/Year)	☐ Present	Provide the reaso	n(s) why the name c	ranged.
	YES NO		Es	it.	Est.			
#	4 Last name			· First name		Middle n	ame	Suffix
-	Maiden name?	From (Mont	h/Year)	To (Month/Year)	Present	Provide the reaso	n(s) why the name c	hanged,
	YES NO		☐ Es		Est.			
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	- 1							
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Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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your relative deceased?						YES (If YES,)	proceed to 18.3)
18.2 Complete the following if the	relative listed is your M	other, Father, S	Stepmother, Step	father, Foster	parent, Child	(including a	idopted/foster),
Stepchild, Brother, Sister,	Stepbrother, Stepsiste	r, Half-brother	, Half-sister, Fath	er-In-law, Mot	her-In-law, Gu	lardian and	is not deceased.
18.3 Complete the following if the sister, Stepbrother, Stepsis						ited/foster),	Stepchild, Brothe
OR Complete the following if the						laatudina n	dama diferente el
Stepchild, Brother, Sister, S	Stepbrother, Stepsister	r, Half-brother,	Half-sister, Fathe	arner, roster p er-in-law, Moth	er-in-law, Gu	ardian and i	s a U.S. Citizen,
foreign born and has a U.S. o							
Provide one type of documentation FS 240 or 545	that he or she possess U.S. Naturalization			vide explanatio	n\		
DS 1350	U.S. Passport	on Ceruncate	C Ottet (Flor	une exhistiann	ny F		
U.S. Citizenship certificate	None (Provide ex	eniánation) 🕨					
Provide document number.			ne of the court tha	t issued the U.	S Citizenshin/	Naturalizatio	n certificate
		. ,			or without to ripr	1	e a separat presentante con e
Provide the address of the court th	at issued the U.S. Citize	enship/Naturaliz	ation certificate.				
Street		*	City			State	Zip Code
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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L	iection 18 - Relatives - (Continued)	
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steptother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citize has a U.S. address and is not deceased.	en,
Entry #5	Provide type of documentation he or she possesses to support U.S. residence.	
#	U.S. Allen registration U.S. Visa Provide document number	
ᇤ	Other (Provide explanation)	
٩	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present	
	□ Est. □ Est.	
	Provide methods of contact (Check all that apply).	
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)	
	Written correspondence ☐ Other (Provide explanation) ▶	
	Provide approximate frequency of contact,	
	Daily Monthly Annually	
	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
-	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name	
	1 don't know	
- 1	. —	
ļ	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Gode)	mow
İ	Street City State Zip Code Country	
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?	
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intellig	ence
	NO Service.	
	i don't know	
_ L		
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steptather, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-In-law, Guardian and is not a U.S. Citize	n.: .
	has a foreign address and is not deceased.	
Ü	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present	
Entry #5	☐ Est. ☐ Est.	
듄	Provide methods of contact (Check all that apply).	
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)	
	Written correspondence ☐ Other (Provide explanation) ▶	
	Provide approximate frequency of contact.	
	Dally Monthly Annually	
1	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
-	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).	
-	Employer name	
	I don't know	
	Provide the address of current employer, or provide the address of their most recent, employer if not currently employed. (Provide City	
1	and Country if outside the United States; otherwise, provide City, State and Zip Code)	now
ł	Street City State Zip Code Country	
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?	
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelliguations.	ence
	∐ NO	
	☐ I don't know	
-	·	
_	700 00 00 m	
n	er your Social Security Number before going to the next page	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	·			
Entry #6		•		
Provide relative type,				
		-		
Provide your relative's full name. Last name Fire	st name		Middle name	Suffix
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	ative's place of birth.			
Date (Month/Day/Year) City		State	Country (Required)	•
Provide your relative's country(ies) of citizenship.				
Country #1	Country #2			
·				,
18.1 Complete the following if the relative listed is you Sister, Stepbrother, Stepsister, Half-brother	our Mother, Father, Step Half-sister.	omother, Stepfathe	er, Child (including adopted/fo	ester), Stepchild, Brother,
If mother, provide your mother's maiden name	Same as listed	l dan't know		
Last name Fin	st name		Middle name	Suffix
To the state of th				
Has this relative used any other names? YES NO				
Provide other names used and the period of time that	t vour relative used them	i (such as mairien n	ame by a former marriage, form	er man
name, alias, or nickname).	TOO TOOLTO GOOD HOLL	(ddair da maidair ii		er Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the na	ame changed
YES NO Est		Present F	tovice are residings why me ne	ine manged.
#2 Last name	First name		Middle name	Suffix
Malden name? From (Month/Year)	To (Month/Year)	Present	Provide the reason(s) why the na	ame changed
YËS NO Est.		Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year) ·	To (Month/Year)	Present F	Provide the reason(s) why the na	me changed.
YES NO Est.	1.	Est.	•	-
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the na	ame changed,
YES NO Est.		Est,		. '
·				
		•		
	•			
			•	
	•		•	
			· •	
nter your Social Security Number before going	to the next page			069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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		•				· · · · · · · · · · · · · · · · · · ·
18.2 Complete the following if the Stepchild, Brother, Sister,	Stepbrother, Step	sister, Half-brother, H	alf-sister, Father-in-law,	Mother-In-law, G	uardian and l	
Provide your relative's current add Street	dress. <i>(Provide Cily al</i>	nd Country if oulside the Ur , City		City, State and Zip (Zip Code	Country	
Does this relative have an APO/F	PO address?	I			L	
YES → Provide you Address	r relative's APO/FP	O address.	APO or FPO	APO/FPC	State Code	Zip Code
I don't know				L		
18.3 Complete the following if the Sister, Stepbrother, Stepsis OR Complete the following if the Stepchild, Brother, Sister, foreign born and has a U.S.	ster, Half-brother, relative listed is you Stepbrother, Steps	Half-sister and is a U. ur Mother, Father, Ste sister, Half-brother, H	S. Citizen, foreign born an pmother, Stepfather, Fos	d is deceased. ster parent, Child	l (including a	dopted/foster),
Provide one type of documentatio			ent number.	· · · · · · · · · · · · · · · · · · ·		
FS 240 or 545	U.S. Natura	lization certificate	Other (Provide explain	nation) >		
☐ DS 1350	U.S. Passpo	ort '		•		
U.S. Citizenship certificate	None (Provi	de explanation) 🕨				
Provide document number.		Provide the name	of the court that issued th	e U.S. Citizenship	o/Naturalization	n certificate.
Provide the address of the court the	hat issued the U.S.	Citizenship/Naturalizati			04-1-	
Street -			City	·	State	Zip Code
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved OMB No. 3205 000:

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
	Provide type of documentation he or she possesses to support U.S. residence.
Entry #6	U.S. Alien registration U.S. Visa Provide document number
듄	Other (Provide explanation) >
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	☐ Est. ☐ Est.
ı	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
-	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
- 1	Daily Monthly Annually
	Weekly Quarterly Other (Provide explanation)
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
1	☐ I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
-	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
-	□ NO service.
	☐ I den't know
Ŀ	
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
	has a foreign address and is not deceased.
eg.	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)
Entry #6	Est.
E	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	Dally Monthly Annually
1	Weekly Quarterly Other (Provide explanation)
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	[] I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
1	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
•	
٠	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	1 don't know
L	
Ent	er your Social Security Number before going to the next page 069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts	•		· · · · · · · · · · · · · · · · · · ·	
A foreign national is defined as any person who	is not a citizen or national of	the U.S.		
Do you have, or have you had, close and/or cor (7) years with whom you, or your spouse, or co and/or obligation? include associates as well as	habitant are bound by affection	n, influence, comm	on interacte	proceed to Section 20A)
Complete the following if you responded 'Yes	to have, or have had, close	and/or continuing c	ontact with a foreign national.	
Entry #1				
Provide the full name of the foreign national,	if known.		☐ I don't know	٠,
Last name First na	me	Middle name	Suffix Explanation if nar	ne is unknown
Provide approximate date of first contact, (Mo	nth/Year) Provide	approximate date of	of last contact. (Month/Year)	•
Provide methods of contact (Check all that ag	iply).		•	
In person	elephone	Electronic (St	uch as e-mail, texting, chat rooms, etc)	
Written correspondence	Other (Provide explanation) >	•		
Provide approximate frequency of contact.			·	
Daily	fonthly	Annually		
Weekly C	Quarterly	Other (Provid	e explanation) >	
Provide the nature of relationship (Check all t	hat apply).			
Professional or Business	•		Such as family ties, friendship, affection, c	ammon interests, etc)
Obligation (Provide explanation)		Other (Prov	ide explanation) ▶	
Provide other names and/or nicknames, as a	opropriate.			
Last name	First name		Middle name	Suffix
Drawida acustavias) of althoughin				
Provide country(ies) of citizenship. Country #1	Country #2	٠		•
Provide date of birth. I don't know	Provide place of	birth. I do	n't know	
(Month/Day/Year)	City		Country (If country unknown, requires	s explanation)
☐ Est.				
Provide current address. (Provide City and Coun				🔲 l don't know
Street	City	State	Zip Code Country	
	<u> </u>			
Does this person have an APO/FPO address?	Provide the foreign national			0.
YES Address		APO or FPC	APO/FPO State Code	Zip Code
NO I don't know				
Provide the name of the foreign national's cun Employer name	ent employer, or provide the	name of their most	recent employer if not currently employed	i.
- Employat Hame	,	1 don't know		
Provide the address of the foreign national's of	urrant amployer, oc provide ti		most recent amployes if not currently	
employed, (Provide City and Country if outside the L				l don't know
Street	City	State	Zip Code Country	
	•			
ts this foreign national affiliated with a foreign			-	
YES Describe the co	ntact's relationship with the fo	oreign government,	military, security, defense industry, or inte	illigence service.
□ NO □ I don't know				
				69-68-8543
ter your Social Security Number before	going to the next page			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 19 - Foreign Contacts - (Continued				· *	
Complete the following if you responded 'Y	es' to have, or have had	, close and/or continuing	contact with a for	reign national.	
Entry #2					
Provide the full name of the foreign national Last name First	ıl, if known. name	Middle name.	Suff	I don't know Explanation if na	me is unknown
Provide approximate date of first contact. (Month/Year) Est.	Provide approximate dat	e of last contact. (Month/Year)	
Provide methods of contact (Check all that					
	קיין, Telephone Other (Provide explan		Such as e-mail, te	exting, chat rooms, etc)	
Provide approximate frequency of contact.					
Daily	Monthly Quarterly	Annually	vide explanation)		٠.
		Odiai (i-to	vide exhibitation/	<u> </u>	
Provide the nature of relationship (Check a Professional or Business	if that apply).	 -		ies, friendship, affection, o	common interest
Obligation (Provide explanation) >	•	C Other (F	rovide explanation		
Provide other names and/or nicknames, as			Baldelle		8.45
Last name	First name		Middle name		Suffix
•			<u> </u>		
	•	:			
	Country	#2			
Country #1 Provide date of birth. don't know			don't know	y (If country unknown, require	s explanation)
Country #1 Provide date of birth. don't know	Provide			y (If country unknown, require	is explanation)
Provide date of birth. I don't know Month/Day/Year) Est.	Provide City	place of birth.	Country		
Provide date of birth. I don't know I don't kno	Provide City	place of birth.	Country		s explanation)
// Est. Provide current address. (Provide City and Conferent address) Street Does this person have an APO/FPO address	Provide City Duntry if outside the United S City	place of birth. : i distance of birth. : i di	y, State and Zip Code Zip Code	2.) Country	∏ (dan't
Country #1 Provide date of birth.	Provide City Dunlry if outside the United S City Se? Provide the foreign r	pface of birth. [] i d states; otherwise, provide Cit State state APO or f	y, State and Zip Code Zip Code ress.	Country APO/FPO State Code	☐ I don't
Country #1 Provide date of birth.	Provide City Dunlry if outside the United S City Se? Provide the foreign r	pface of birth. [] i d states; otherwise, provide Cit State state APO or f	y, State and Zip Code Zip Code ress.	Country APO/FPO State Code	☐ I don't
Country #1 Provide date of birth.	Provide City Dunlry if outside the United S City Se? Provide the foreign r	pface of birth. [] i d states; otherwise, provide Cit State state APO or f	y, State and Zip Code Zip Code ress. FPO ost recent employe	Country APO/FPO State Code	☐ I don't
Provide date of birth. I don't know Month/Day/Year) Est. Provide current address. (Provide City and Contract Street Does this person have an APO/FPO address NO I don't know Provide the name of the foreign national's complete the address of the foreign national's complete. (Provide City and Country if outside the	Provide City City City City Servide the foreign rurrent employer, or provide United States; otherwise, provide United States; otherwise, provide United States; otherwise, provide the foreign rurrent employer, or provide the foreign rurrent employer.	place of birth.	Zip Code Zip Code Zip Code ress	APO/FPO State Code ar if not currently employe	☐ I don't
Provide date of birth. I don't know Month/Day/Year) Est. Provide current address. (Provide City and Contract Street Does this person have an APO/FPO address NO I don't know Provide the name of the foreign national's complete the address of the foreign national's complete. (Provide City and Country if outside the	Provide City City City City Se? Provide the foreign rurrent employer, or provide current employer.	place of birth	y, State and Zip Code Zip Code ress	APO/FPO State Code	Zip Code
Provide date of birth. I don't know Month/Day/Year) Est. Provide current address. (Provide City and Contrect Does this person have an APO/FPO address NO I don't know Address NO I don't know Provide the name of the foreign national's comployer name Provide the address of the foreign national's comployed. (Provide City and Country if outside the tireet	Provide City City City Servide the United Service the foreign represent employer, or provide United States; otherwise, and City In government, military,	place of birth.	Country y, State and Zip Code Zip Code ress. FPO est recent employe w eir most recent em code.) Zip Code ry, or intelligence	APO/FPO State Code ar If not currently employe ployer if not currently Country service?	Zip Code
Provide date of birth. If don't know Month/Day/Year) Est. Provide current address. (Provide City and Construction of the foreign national's complete the address of the foreign national affiliated with a foreign national affiliated wi	Provide City City City Servide the United Service the foreign represent employer, or provide United States; otherwise, and City In government, military,	place of birth.	Country y, State and Zip Code Zip Code ress. FPO est recent employe w eir most recent em code.) Zip Code ry, or intelligence	APO/FPO State Code ar if not currently employe ployer if not currently Country	Zip Code d. I don't
Provide date of birth. I don't know (Month/Day/Year) Est. Provide current address. (Provide City and Construction of the foreign national's comployer name Provide the address of the foreign national's comployed. (Provide City and Country if outside the street of this foreign national affiliated with a foreign national of the foreign national affiliated with a foreign national affiliated with a foreign national of the foreign nation	Provide City City City Servide the United Service the foreign represent employer, or provide United States; otherwise, and City In government, military,	place of birth.	Country y, State and Zip Code Zip Code ress. FPO est recent employe w eir most recent em code.) Zip Code ry, or intelligence	APO/FPO State Code ar If not currently employe ployer if not currently Country service?	Zip Code d. I don't
Provide date of birth. If don't know Month/Day/Year) Est. Provide current address. (Provide City and Construction of the foreign national's complete the address of the foreign national affiliated with a foreign national affiliated wi	Provide City City City Servide the United Service the foreign represent employer, or provide United States; otherwise, and City In government, military,	place of birth.	Country y, State and Zip Code Zip Code ress. FPO est recent employe w eir most recent em code.) Zip Code ry, or intelligence	APO/FPO State Code ar If not currently employe ployer if not currently Country service?	Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19'- Foreign Contacts - (Continued)	•	•				
Complete the following if you responded 'Yes	to have, or have had, close	and/or continuing c	ontact with	a foreign na	ational.	
Entry #3		-	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Provide the full name of the foreign national, Last name First na		Middle name		Suffix	I don't know Explanation if name	is unknown
Provide approximate date of first contact. (Mo	nih/Year) Provide	approximate date o	of last cont	act. (Month/Y	ear) .	
	ply). elephone)ther (Provide explanation)	Electronic (Su	ich as e-m	all, texting, c	chat rooms, etc)	
	Ponthly Quarterly	Annually Other (Provid	e explanat	ion) ≽		
Provide the nature of relationship (Check all in Professional or Business Dobligation (Provide explanation)	hat apply).	Personal (S			ndship, affection, com	mon interests, etc
Provide other names and/or nicknames, as a	T					1
Last name	First name		Middle na	me		Suffix
Provide country(les) of citizenship. Country #1	Country #2					
Provide date of birth. I don't know (Month/Day/Year)	Provide place of City	f birth. 🔲 i do	n't know Co	ountry (If cou	ntry unknown, requires ex	planation)
Provide current address. (Provide City and Cour Street	dry if outside the United States; of City	harwise, provide City, S State	State and Zip ZIp Co		Country	l don't know
Does this person have an APO/FPO address YES Address NO I don't know	Provide the foreign national	's APO/FPO addres		APC)/FPO State Code	Zip Code
Provide the name of the foreign national's cur Employer name	rent employer, or provide the	name of their most	recent em	iplayer if nat	currently employed.	
Provide the address of the foreign national's c employed. (Provide City and Country if outside the Street					if not currently	l don't know
Is this foreign national affiliated with a foreign YES Describe the co	government, military, security ontact's relationship with the f		_			gence service,
nter your Social Security Number before	going to the next page				069	-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	s - (Continued)					
Complete the following if you	ı responded 'Yes' to have,	or have had, close :	and/or continuing c	ontact with a foreign	national.	
Entry #4	•					
Provide the full name of the Last name	foreign national, if known. First name		Middle name	Suffix	I don't know Explanation if name	e is unknown
Provide approximate date o	first contact. (Month/Year)	1	approximate date	of last contact. (Month		
		Est.			Est.	
Provide methods of contact In person	☐ Telephone			uch as e-mail, texting	, chat rooms, etc)	
Written correspondence		vide explanation)	<u> </u>			
Provide approximate freque			,			1
Daily	Monthly		Annually			
VVeekly	Quarterly		U Other (Provid	le explanation) 🕨		
Provide the nature of relation Professional or Busines Obligation (Provide exp	s ,	•		Such as family ties, for	riendship, affection, co	mmon interests
	nicknames, as appropriate					
Last name	First nam			Middle name		Suffix
Boat Hollio	7 (13)			THE STORY HOLD		- Collin
	. ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Provide date of birth.	l don't know	Provide place of	f birth. 1 do	n't know Country (// co	ountry unknown, requires	explanation)
	Est.					
Provide current address. <i>(Pr</i> Strest	rovida City and Country if outside City	e the United States; oti	herwise, provide City, State	State and Zip Code.) Zip Code	Country	I don't I
Ooes this person have an AP YES NO I don't know	Address	the foreign national	's APO/FPO addre APO or FP		PO/FPO State Code	Zip Code
	ign national's current emplo	oyer, or provide the	name of their most	recent employer if n	ot currently employed.	
	•		I don't know			
	reign national's current em				er if not currently	
mployed <u>.</u> (<i>Provide Cily and</i> Co Itreat	suntry if outside the United State City	s; atherwise, provide C	City, State and Zip Cod State	Zip Code	Country	LJ Tudnitk
this foreign national affiliat	ed with a foreign governme				ce? efense industry, or intel	ligence service
□YES →	•	•				
YES	•				·	9-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you responded YES to having Groving franchal Interests (such as stocks, property, Investments, bank accounts, eveneship of corporate antilles, copprante Interests or husbasses) in which you have drect control or direct ownership? (Exclude financial Interests in companial diversified mutual funds that are publicly irraded on a U.S. exchange.) Provide that the type of financial interest. Provide the type of financial interest was acquired (auch as purchase, gift, etc.). Provide the cost (in U.S. dollars) at time of provide the cost (in U.S.	OA.1 Have you, your spouse, o stocks, property, investm businesses) in which you companies or diversified	ents, bank accounts, or they have direct co	ownership of corporate e ontrol or direct ownership	ntitles, corporate Inte 7 (Exclude financial	erests or	YES XNC) (If NO, proceed to 20/
Entry \$1 Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children Provide the type of financial interest. Provide the data scquired. (Month/Day/Year)	corporate entities, corporate in	terests or businesses	i) in which you had or ha				
Provide the type of financial interest. Provide the date acquired. (Month/Day/Year) Est. Provide how the financial interest was acquired (such as purchase, gift, etc.). Provide the cost (In U.S. dollars) at time of provide the current value (In U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of. Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Date Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Date Est. Not Applicable Are there any co-owners of this foreign financial interest? YES NO #1 Provide full name of co-owner. Last name First name First name Middle name Suffix Provide the co-owner's country(les) of cilizenship. Country #2 Provide full name of co-owner. Last name First name First name First name Middle name Suffix Provide full name of co-owner. Last name First							
Provide how the financial interest was acquired (such as purchase, gift, etc.). Provide the cost (in U.S. dollars) at time of covereship was sold, lost or otherwise disposed of: Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of. Est. Provide the date control or ownership was relinquished. (Month/Day/Year) Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of. Are there any co-owners of this foreign financial interest? YES NO #1 Provide full name of co-owner.	Specify (Check all that apply):	Yourself	Spouse	Cohabitant	☐ Dependent	children	
Provide the cost (in U.S. dollars) at time of	Provide the type of financial in	terest.	Provide the dat	1000	_		
acquisition.	Provide how the financial interest	est was acquired (suc	ch as purchase, gift, etc.)] Cat.		
Provide the date control or ownership was relinquished. (Month/Day/Year) Date		s) at time of	ownership was			at the time control	_
Date	Provide the date control or own	rerehin was relinquist		Provide avolana	tion of how interest	control or owners	
Are there any co-owners of this foreign financial interest? YES NO	•	recattib was reminding				. Contact of owners	inh was soid! idst Of
Are there any co-owners of this foreign financial Interest? YES NO		•					
#1 Provide full name of co-owner. Last name First name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship. Country #2 Provide full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship.	Are there any co-owners of this	s foreign financial inte		- 1			
Last name First name Middle name Sufffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the nature of your relationship with the co-own #2 Provide full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country #2 Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country	YES NO						
Street City State Zip Code Country Provide your co-owner's country(les) of cilizenship. Country #1 Country #2 Provide the nature of your relationship with the co-own #2 Provide full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship.			First name		Middle name		Suffix
Street City State Zip Code Country Provide your co-owner's country(les) of cilizenship. Country #1 Country #2 Provide the nature of your relationship with the co-own #2 Provide full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship.	Provide the co-owner's curr	ent address. (<i>Provide</i>	City and Country if outside the	he United States; otherw	l Ise, provide City, State	and Zip Code.)	1
Country #1 Country #2 Provide the nature of your relationship with the co-own #2 Provide full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(les) of citizenship.			· -				
Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide your co-owner's country(ies) of citizenship.						re of your relations	ship with the co-owne
Street City State Zip Code Country Provide your co-awner's country(ies) of citizenship.			First name		Middle name	t	Suffix
Street City State Zip Code Country Provide your co-awner's country(ies) of citizenship.	Provide the co-owner's curr	ent address: (Pmuide	City and Country if outside the	a United States otheru	ise omuide City State	and Zin Code i	
						_	
					Provide the natu	re of your relations	ship with the co-awne
				•			
	·						
\cdot							
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities (Continued)			·		
Complete the following if you responded 'YES corporate entities, corporate interests or busing diversified mutual funds that are publicly trade	tesses) in which you had o				
Entry #2					
Specify (Check all that apply): Yoursel	Spouse	Cohabitant	Dependent childre	en	
Provide the type of financial interest.	Provide the	e date acquired. (Month/	Day/Yearj		
			Est,		
Provide how the financial interest was acquire	ed (such as purchase, glft, o	elc.).			
Provide the cost (in U.S. dollars) at time of acquisition.		current value (in U.S. was sold, lost or otherw	dollars) or the value at the rise disposed of:	time control or	
	Est.				Est.
Provide the date control or ownership was rel Date	inquished. (Month/Day/Year) Est. Not Appli	otherwise dispo	ation of how interest contr osed of,	ol or ownership was sold, lost	or
Are there any co-owners of this foreign finance YES NO				1	
#1 Provide full name of co-owner. Last name	First name		Middle name	Suffix	P.
Provide the co-owner's current address. (Street	Provide City and Country if outs City	ide the United States; other State	*	Zip Cade.) ntry	
Provide your co-owner's country(les) of cit Country #1	izenship. Country #2		Provide the nature of	your relationship with the co-ov	wner
#2 Provide full name of co-owner. Last name	First name		Middle name	Sufflx	
Provide the co-owner's current address, (Provide City and Country if outs	lde the United States; other	wise, provide City, State and Z	(ip Code.)	
Street	Čity	State	Zip Code Cou		
Provide your co-owner's country(les) of citi Country #1	zenship. Country #2		Provide the nature of	your relationship with the co-or	wnei
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er your Social Security Number before	going to the next page			069-68-8543	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

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Section 20A - Foreign Activities - (Continued) 20A.2 Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests that XYES NO (If NO, Proceed to 20A.3) someone controlled on your behalf? Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf. #1 Provide the full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Zip Code Country Provide the co-owner's country(ies) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner. #2 Provide the full name of co-owner. Last name Suffix Provide the co-owner's current address. (Provide City and Country If outside the United States; otherwise, provide City, State and Zip'Code.) State City Zip Cade Country Provide the co-owner's country(ies) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Secti	on 20A - Foreign Activities - (Continued)					
	mplete the following if you responded 'YES erests that someone controlled on your bel		it, or depende	nt children havin	g EVER had any foreign	financial
En	try #2					·
#1	Provide the full name of co-owner,					
	Last name	First name	•	Middle name	3	Suffix
	Provide the co-owner's current address. (Prov Street	vide City and Country if outside the Unite City	d States; otherwis State	se, provide City, State Zip Code	and Zip Code.) Country	
	Provide the co-owner's country(les) of citizens Country #1	ship. Country #2		Provide your rela	tionship with the co-owner	
#2	Provide the full name of co-owner. Last name	First name		Middle name		Suffix
	Provide the co-owner's current address. (Provide the co-owner's current address.	-			and Zip Code.)	
	Street	City	State	Zlp Code	Country	
	Provide the co-owner's country(les) of citizens Country #1	ship. Country #2		Provide your rela	lionship with the co-owner	
				<u> </u>		

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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NATIONAL SECURITY POSITIONS 5 CFR Paris 731, 732, and 736 Section 20A - Foreign Activities - (Continued) Have you, your spouse, cohabitant, or dependent children EVER owned, or do you anticipate owning, or X YES NO (If NO, Proceed to 20A.4) plan to purchase real estate in a foreign country? Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country. Entry #1 #2 Provide the full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Gountry if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the co-owner's country(ies) of citizenship. Country #1 Provide the nature of your relationship with the co-owner. Country #2

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activitie	es - (Continued)		:		
Complete the following if you to purchase real estate in a fo	responded 'Yes' to you, your spouse, co reign country.	habitant, or dependent ch	ildren having EVER	l owned, or anticipat	e owning, or planning
Entry #2					
#2 Provide the full name of co	p-owner, .		•		
Last name	. First name		Middle name		Suffix
		•			
1 '	rent address. (Provide City and Country if ou			•	
Street	. City	State	Zip Code	Country	
	·				
Provide the co-owner's country #1			Dravida the set	sen eficace entatlement	ip with the co-owner,
Country #1	Country #2		Provide the nati	ire or your relations:	ip with the co-owner.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20A - Foreign Activities -	- (Continued)			
	o receive in the future, a		on received in the past seven retirement, social welfare, or	YES X NO (II NO, Proceed to 20A
Complete the following if you res years, or are eligible to receive in				t children received of the past seven (7) t benefit from a foreign country,
Entry #1				
Specify (Check all that apply)	Yourself	Spouse	Cohabitant	Dependent children
Provide the type of benefit.	Educational Other such benef	Medical it (Provide explanation)	Retirement	Social Welfare
Provide the frequency of the	Onetime benefit (Future benefit (Complete (b))	Continuing benefit (Camplete (c))
benefit.	Other (Complete (c)) (Provide explanation)	•	
(a) If you have indicated that you	ı, your spouse, cohabili	ant, or dependent childre	n received a onetime benefit fo	om a foreign country:
Provide the date the benefit was received. (Month/Day/Yea	Provide the nam	e of the country	Provide the total value (in U. dollars) of the benefit receive	S. Provide the reason this benefit
	Est.			Est.
	you, your spouse, your s, provide explanation,	cohabitant, or dependan	it children obligated in any way	y to this foreign country?
(b) If you have indicated that you	ı, your spouse, cohabit;	int, or dependent childre	n expect to receive a benefit fr	om a foreign country:
Provide the date the benefit w begin. (Manth/Day/Year)	Annua		vili be received. Other (Provide expla	anation) 🕨
,	Est. Quart	The state of the s		
Provide the name of the coun	itry providing this benef	it. Provide the value (in benefit to be received		Provide the reason this benefit will received.
				☐Est.
	you, your spouse, your s, provide explanation.	cohabitant, or dependan	t children obligated in any way	/ to this foreign country?
(c) If have indicated that you, you	ur spouse, cohabitant, o	or dependent children rec	ceive a continuing or other be	nefit from a foreign country:
Provide the date the benefit b	egan. (Monih/Day/Year)	. Provide the da	te the benefit is expected to er	nd. (Month/Day/Year)
·		Est.	· · ·	Est.
Provide the frequency that this	s benefit is received.			
Annually .	Monthly	Other (Prov	/ide explanation) >	·
Quarterly	Weekly			
Provide the name of the count benefit.		Provide the total value (la cenefit.	U.S. dollars) or	Provide the reason this benefit is being received.
			∏Est.	
As a result of this benefit are y	you, your spouse, your s, provide explanation.	cohabitant, or dependan		to this foreign country?
NO				

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20A - Foreign Activities.	· (Continued)				
Complete the following if you res years, or are eligible to receive it	ponded 'YES' to as a Un the future, any educat	.S. citizen, you, your spoi lonal, medical, retiremen	use, cohabitant, or depende , social welfare, or other su	nt children received in ch benefit from a forei	the past seven (7) gn country.
Entry #2					
Specify (Check all that apply)	Yourself Yourself	Spouse	Cohabitant Cohabitant	Dapendent	children
Provide the type of benefit.	☐ Educational ☐ Other such benefi	Medical (Provide explanation)	Retirement	Social Welf	are
Provide the frequency of the benefit.	Onetime benefit (c	Complete (a)) []	Future benefit (Complete (b))	Continuing	benefit (Complete (c))
(a) If you have indicated that you	, your spouse, cohabila	nt, or dependent children	received a onetime benefit	from a foreign country	·
Provide the date the benefit was received. (Month/Day/Yea.	1		Provide the total value (in Udollars) of the benefit receive	red. was red	the reason this benefit eived.
	Est.			Est.	
As a result of this benefit are YES If yes	you, your spouse, your s, provide explanation.	cohabitant, or dependant	children obligated in any wa	ay to this foreign coun	try?
(b) If you have indicated that you	, your spouse, cohabita	nt, or dependent children	expect to receive a benefit	from a foreign country	:
Provide the date the benefit w	vill Provide the	frequency the benefit w	ll be received.		
begin. (Month/Day/Year)	Annua	ily Monthly Veekly	Other (Provide exp	olanation) >	
Provide the name of the coun	try providing this benefi	 Provide the value (in benefit to be received 		Provide the received.	reason this benefit will b
По	s, provide explanation.				
s) if have indicated that you, you		Maria			country;
Provide the date the benefit b	egan. (Month/Day/Year)	Provide the dat	the benefit is expected to e	end. (Month/Day/Year)	Est.
Provide the frequency that this Annually Quarterly	s benefit is received, Monthly Weekly	Other (Provi	de explanation) ▶		
Provide the name of the count benefit.		Provide the total value (in penefit.	_	received.	n this benefit is being
As a result of this benefit are y YES If yes	you, your spouse, your s, provide explanation.	cohabitant, or dependant	children obligated in any wa	ay to this foreign coun	try?
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r your Social Security Numi	ber before going to	the next page		→ '	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Form approved: OMB No. 3206 0005

ection 20A - Foreign Activities - (Continued	1					
DA.6 Have you EVER provided financial sup	port for any foreign national?			YES X N	O (If NO, procee	ed to 208
Complete the following if you responded 'Yes	to providing financial support for a	ny foreign nati	onal.			
Entry #1						
Provide the name of the foreign national you s Last name	support or have supported financial First name	ly.	Middle name		Suffix	
Provide the address of the foreign national list		outside the Unite			Zip Code.)	
Street	City .	State	Zip Code	Country		
Provide the nature of your relationship with the	e foreign national listed above.	Provide the	amount (in U.S. dolla	rs) of all financia	l support provi	ided.
Provide the frequency of your support.	Provide this foreign national's co Country #1	ountry(les) of ci	itizenship. Country #2		,	
Entry #2						
Provide the name of the foreign national you s Last name	support or have supported financial First name	ly.	Middle name		Suffix	
Provide the address of the foreign national list Street	ed above. (Provide City and Country if City	outside the Unite State	d States; otherwise, prov Zip Code	ide Cily, State and . Country	Zip Code.)	
Provide the nature of your relationship with the	e foreign national listed shove	Provide the	l amount (in U.S. dolla	re) of all financia	Europart provi	dod
	•			10) Of all (mariola	- aupport provi	E
Provide the frequency of your support.	Provide this foreign national's co Country #1	iuntry(tes) of ci	Country #2			
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection						
0B.1	Have you in the past seven (7) years pr foreign business or other foreign organiza (Answer "No" if all your advice or support	ation that you have not prev	lously listed as a fo	rmer employer?	YES X NO (II NO. I	proceed to 20
Comp	plete the following if you responded 'Yas' t ness or other foreign organization that you	o having in the past seven have not previously listed a	(7) years provided s a former employe	l advice or support to any i	individual associated	with a forei
Entry						***************************************
	lde a description of advice/support provided	d. Provide the name of Last name	the individual to wh First r	om advice or support was name	provided. Middle name	Suffix
	ide the name of the foreign organization or clated.	foreign business with whon	n the individual is	Provide the country of original	gin for the organizatio	n or busine
From	Est.	support was provided. (Month/Year) Present Est.	Describe what o	compensation, if any, was p	provided for your serv	ice.
Entry						
Provid	de a description of advice/support provided	d. Provide the name of Last name	the individual to wh	om advice or support was name	provided, Middle name	Suffix
	de the name of the foreign organization or clated.	foreign business with whom	n the individual is	Provide the country of orig	gin for the organizatio	n or busine
Provid	de the date(s) during which this advice or s	support was provided.	Describe what o	ompensation, if any, was p	provided for your serv	ice.
or this (Date (Month/Year) Est. To Date (Question, 'Immediate Family' means your state)	Manth/Year) Present Est. spouse, parents, step-paren	nts, siblings, half an	d step-siblings, children, s		
or this o	question, 'Immediate Family' means your state of the provide advice or serve as official or agency? (Answer 'No' if all the agency the following if you responded 'Yes' to	Spouse, parents, step-parent y member of your immedial a consultant, even informativice or support was authors you, your spouse, cohabit	nts, siblings, half and the family in the pastily, by any foreign gorized pursuant to coant, or any membe	id step-siblings, children, s it seven (7) years Ye government ifficial U.S.	ES 🗵 NO (If NO, pi	oceed to 20
B.2 Comp	question, 'Immediate Family' means your state of the provide advice or serve as official or agency? (Answer 'No' if all the agreement business.)	Spouse, parents, step-parent y member of your immedial a consultant, even informativice or support was authors you, your spouse, cohabit	nts, siblings, half and the family in the pastily, by any foreign gorized pursuant to coant, or any membe	id step-siblings, children, s it seven (7) years Ye government ifficial U.S.	ES 🗵 NO (If NO, pi	oceed to 20
Comp been : Entry	question, 'Immediate Family' means your state (Month/Year) Question, 'Immediate Family' means your state (Month/Year) Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the agreement business.) Diete the following if you responded 'Yes' to asked to provide advice or serve as a constant of the government official.	Spouse, parents, step-parent y member of your immedial a consultant, even informativice or support was authors you, your spouse, cohabit	nts, siblings, half and the family in the pastily, by any foreign gorized pursuant to coant, or any membe	id step-siblings, children, s it seven (7) years Ye government ifficial U.S.	ES 🗵 NO (If NO, pi	oceed to 20 even (7) ye
Comp been : Entry Provid Last n	question, 'Immediate Family' means your state (Month/Year) Question, 'Immediate Family' means your state (Month/Year) Have you, your spouse, cohabitant, or any been asked to provide advice or serve as official or agency? (Answer 'No' if all the agreement business.) Diete the following if you responded 'Yes' to asked to provide advice or serve as a constant of the government official.	Present Est. spouse, parents, step-parent y member of your immediate a consultant, even informated advice or support was authorous your spouse, cohabit sultant, even informally, by	nts, siblings, half and the family in the passily, by any foreign gorized pursuant to coart, or any member any foreign governation.	id step-siblings, children, s it seven (7) years Ye government official U.S. r of your immediate family ment official or agency.	having in the past se	oceed to 20 even (7) ye
Comp been : Entry Provid Last n	question, 'Immediate Family' means your some sked to provide advice or serve as official or agency? (Answer 'No' if all the agovernment business.) Diete the following if you responded 'Yes' to asked to provide advice or serve as a constant of the provide advice or serve as a constant of the government official.	manth/Year) Present Est. spouse, parents, step-parently member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabit sultant, even informally, by First name	nts, siblings, half and the family in the pastily, by any foreign gorized pursuant to cant, or any member any foreign governing.	id step-siblings, children, s it seven (7) years Ye government ifficial U.S. r of your immediate family ment official or agency.	having in the past se	oceed to 20 even (7) ye
Comp been : Entry Provid Last n	question, 'immediate Family' means your sequestion, 'immediate Family' means your sequestion asked to provide advice or serve as a constant of the following if you responded 'Yes' to asked to provide advice or serve as a constant of the sequest of the name of the government official, name	manth/Year) Present Est. spouse, parents, step-parently member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabit sultant, even informally, by First name	nts, siblings, half and the family in the pastily, by any foreign gorized pursuant to cant, or any member any foreign governing.	id step-siblings, children, s it seven (7) years Ye government ifficial U.S. r of your immediate family ment official or agency.	having in the past se	oceed to 20 even (7) ye
Comp been a Entry Provid Last n Provid Entry	question, 'Immediate Family' means your sequestion, 'Immediate Family' means your sequestion asked to provide advice or serve as a constant of the following if you responded 'Yes' to asked to provide advice or serve as a constant of the name of the government official. The de the name of the agency. The determinant of the agency. The determinant of the agency. The determinant of the agency.	manth/Year) Present Est. spouse, parents, step-parently member of your immediate a consultant, even informated advice or support was authors you, your spouse, cohabit sultant, even informally, by First name	nts, siblings, half and the family in the pastily, by any foreign gorized pursuant to cant, or any member any foreign governing.	id step-siblings, children, s it seven (7) years Ye government ifficial U.S. r of your immediate family ment official or agency.	having in the past se	even (7) ye
Comp been : Entry Provid Last n Provid Entry Provid Last n:	question, 'Immediate Family' means your sequestion, 'Immediate Family' means your sequestion asked to provide advice or serve as a constant of the following if you responded 'Yes' to asked to provide advice or serve as a constant of the name of the government official. The de the name of the agency. The determinant of the agency. The determinant of the agency. The determinant of the agency.	manth/Year) Present Est. spouse, parents, step-parer y member of your immediat a consultant, even informated and consultant, even informated and your spouse, cohabits sultant, even informally, by First name Provide the circumstant.	nts, siblings, half and the family in the passily, by any foreign gorized pursuant to comment of the country foreign government of the country	id step-siblings, children, s it seven (7) years YE government ifficial U.S. r of your immediate family ment official or agency. Middle name	having in the past se	oceed to 20 even (7) ye fix is affiliate
Comp been a Entry Provid Last n Provid Entry Provid Last na	question, 'Immediate Family' means your sequestion, 'Immediate Family' means your sequestion asked to provide advice or serve as a constant of the following if you responded 'Yes' to asked to provide advice or serve as a constant of the name of the government official. The the name of the agency. The the date of the request. (Month/Year) The the date of the government official. The the name of the government official. The the name of the government official.	spouse, parents, step-parents a consultant, even information, your spouse, cohabits sultant, even information, your spouse, cohabits sultant, even informatily, by First name Provide the circumstant, even information, your spouse, cohabits sultant, even information, by	hts, siblings, half and the family in the passily, by any foreign government of the country of the country foreign government of the country foreign government of the country foreign government of request,	id step-siblings, children, s it seven (7) years Ye government ifficial U.S. r of your immediate family ment official or agency. Middle name try with which the government	having in the past se	oceed to 200 even (7) ye Tix is affiliated
Comp been a Entry Provid Last n Provid Entry Provid Last na	question, 'Immediate Family' means your sequestion, 'Immediate Family' means your sequestion asked to provide advice or serve as a consistent of the following if you responded 'Yes' to asked to provide advice or serve as a consistent of the name of the government official. The the name of the agency. The the date of the request. (Month/Year) The the name of the government official. The the name of the agency. The the name of the agency. The the date of the request. (Month/Year) The the date of the request. (Month/Year)	spouse, parents, step-parents a consultant, even information, your spouse, cohabits sultant, even information, your spouse, cohabits sultant, even informatily, by First name Provide the circumstant, even information, your spouse, cohabits sultant, even information, by	hts, siblings, half and the family in the passily, by any foreign government of the country of the country foreign government of the country foreign government of the country foreign government of request,	id step-siblings, children, s it seven (7) years Ye government ifficial U.S. r of your immediate family ment official or agency. Middle name try with which the government	having in the past se	oceed to 20 EVEN (7) ye Tix Is affiliated

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	gn national in the p consider employme		years offered you a	job, asked you to	work as a YES	NO (If NO, proceed to 2
· ·	ing if you responde	'Yes' to any		ing in the past sev	ven (7) years offered you a lob, a	sked you to work as a
Entry #1						
Provide the name o	f the foreign nations	l who made th				
Last name			First name		Middle name	Suffix
Provide a description	n of the position off	ered.	Provide the date w was extended. (Mo		Did you accept the offer? YES Explanation ▶	
				Est.	☐ NO Explanation ▶	
Provide location of v City	vhere this occurred.	(Provide City ar State	nd Country if outside the Zip Code	United States; otherw Country	rise, provide City, State and Zip Code.)	
					· ·	
Entry #2	_					
Provide the name of Last name	the foreign nationa	l who made th	e offer. First name		Middle qame	Suffix
Provide a descriptio	n of the position offe	ered.	Provide the date w		Did you accept the offer?	
			was extended. (Mo		YES Explanation)	
			·	Est.	☐ NO Explanation ▶	
Provide location of v City	there this occurred.	(Provide City an State	nd Country if outside the Zip Code Î	United States; otherw. Country .	ise, provide City, State and Zlp Code.)	

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

DB.4 Have you in the past seven national not described above	(7) years been invol (own, co-own, serve	lved in any other type as business consu	e of business ve Itant, provide fina	nture with a foreign ancial support, etc.)?	YES X	NO (If NO, proceed to 20
Complete the following if you responstional not described above.	nded 'Yes' to having	in the past seven	(7) years been l	nvolved in any other ty	pe of business	venture with a foreign
Entry #1						
Provide the full name of this foreign Last name		rst name		Middle name		Suffix
Provide the full current address of t Street	his foreign national. City	(Provide City and Coun	ry if outside the Un State	ited States; otherwise, pro- Zip Code	vide City, State an Country	nd Zip Cade.)
Provide the citizenship(s) of this for Country #1	eign national.	Country #2				
Provide a description of the busines	ss venture.			Provide	your relations	hip to this foreign nation
Provide the length of time you have From Date (Month/Year) Est.	been involved in the To Date (Month/Yea		Provide the nate this business ve	ure of association with enture.	Provide the	position you held.
Provide the service you provided.	Provide the finar	ncial support involve	d. Provide a	description of what co	mpensation wa	as provided for your ser
Entry #2					1	
Provide the full name of this foreign Last name	Fir	st name		Middle name		Suffix
Provide the full current address of t Street	his foreign national. (City	(Provide City and Coun	State	Zip Code	vide City, State an Country	nd Zip Code.)
Provide the citizenship(s) of this for Country #1	eign national.	Country #2				
Provide a description of the busines	s venture.			Provide	your relationsh	nip to this foreign nation
Provide the length of time you have From Date (<i>Month/Year</i>)	been involved in the To Date (Month/Yea		Provide the natu this business ve	ure of association with nture,	Provide the	position you held.
Provide the service you provided.	Provide the finar	icial support involve	d. Provide s	description of what co	mpensation wa	s provided for your sen
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

seminars, or mee	past seven (7) years at tings outside the U.S.? (U.S. government.)	tended or participated I (Do not include those y	n any conferences, trade s ou attended or participated	shows, d in on official	YES X	NO (If NO, proceed to 20
Complete the following or meetings outside the		o in the past seven (7) years having attended or		iny conferences.	, trade shows, seminar
Entry #1				· · · · · · · · · · · · · · · · · · ·		
Provide the name and o	description of event.	Provide the dates for From Date (Month/Y		er) Present	Provide the pu	rpose of the event.
Provide the name of sp	onsoring organization.	Provide the city who	ere the event was held.	Provide the co	untry where the	event was held.
Was there any subsequ	ent contact with any fore Provide explanation for each contact,	eign nationals as a resu Contact #1 Contact #2 Contact #3 Contact #4	ult of the event?			
Entry #2						
Provide the name and d	lescription of event.	Provide the dates for From Date (Month/Y		r/ Present	Provide the pu	rpose of the event.
Provide the name of spo	onsoring organization.	Provide the city whe	ere the event was held.	Provide the co	untry where the	event was held.
YES	ent contact with any fore Provide explanation for each contact.	Contact #1	ilt of the event?			
	Provide explanation		ilt of the event?			
YES	Provide explanation	Contact #1 Contact #2				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3			· · · ·	
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3			•	
YES	Provide explanation	Contact #1 Contact #2 Contact #3				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

		** ***			
	eign Business, Professional A				······································
or this question, '	'Immediate Family' means your s	pouse, parents, s	tep-parents, siblings, half and	step-siblings, children, step	-children, and cohabitant.
foreign go or securit contact w	or any member of your immedia overnment, its establishment (sur y service, etc.) or its representati as for routine visa applications a oreign travel on a U.S. passport.	ch as embassy, co ives, whether inside nd border crossing	insulate, agency, military servi le or outside the U.S.? (Answe	ce, Intelligence (1) 123 or 'No' if the	X NO (If NO, Proceed to 208.
Complete the foreign government	illowing if you responded 'Yes' to nent, its establishment (such as e or outside the U.S.	you or any memb			
Entry #1					
Provide the nan	ne of the individual involved in the				
Last name		First name		Middle name	Suffix
	ition of the contact. (Provide City ar		•		
City	•	State	Zip Code	Country	
Provide the date (Month/Year)		Country #1	elgn government(s) involved.	Country #2	
Decide the him	Est.		nes of the foreign	Provide the purposetri	rcumstances of contact.
embassy, const	of establishment (such as liate, agency, military service,		involved in contact.	riovide illa purposerci	reditistances of contact.
intelligence or s	ecurity service, etc.) involved.				1
Was there any s	ubsequent contact initiated by yo	ou, your immediat	e family member, or a represe	ntative of the foreign organ	ization?
☐YES	Provide the purpose of the sul	bsequent contact	Provide date of most recent contact (Month/Day/Year)	Provide plans for future of	on(act
☐ NO					
		:			
Entry #2	,				
	e of the individual involved in the	contact.	•		
Last name		First name	·	Middle name	Suffix
Provide the loca City	tion of the contact. (Provide City an	nd Country if outside t State	he United States; atherwise, provid Zip Code	e Gity, State and Zip Code.) Country	,
Provide the date (Month/Year)	·	Country #1	ign government(s) involved.	Country #2	
embassy, consu	of establishment (such as late, agency, military service, ecurity service, etc.) involved.	Provide the nan	nes of the foreign Involved in contact.	Provide the purpose/ci	cumstances of contact.
Nas there anv s	ubsequent contact initiated by yo	u. vour immediate	e family member, or a represe	ntative of the foreign organi	zation?
YES -	Provide the purpose of the sub		Provide date of most recent contact (Month/Day/Year)	Provide plans for future co	
□ NO					<u> </u>
•					
				<u> </u>	
r vour Social	Security Number before go	ing to the next	page		069-68-8543
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, 20B.7 T YES X NO (If NO, proceed to 208.8) for work, or for permanent residence? Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence. Entry #1 Provide the name of the sponsored foreign national. Middle name Suffix Last name First name Provide the date of birth for the sponsored foreign national. I don't know Est. Provide the place of birth for the sponsored foreign national. Country (Required) Zip Cade Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Zip Code Street City State Country Provide the name of the organization through Provide the country(les) of citizenship for the sponsored foreign national. Not Applicable which sponsorship was arranged, if applicable. Country #1 Country #2 Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the Not Applicable United States; otherwise, provide City, State and Zip Code) City Street State Zin Code Country Provide the dates of stay in the U.S. for the sponsored foreign national. From Date (Month/Year) To Date (Month/Year) Present ☐ Est. Provide the address of the sponsored foreign national while residing in the U.S. Street City . State Zip Code Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign national.

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

069-68-8543

Country #1 Country #2 Which sponsorship was arranged, if applicable.	malete the fallowing if you re-	mandad War' to In th	e nact coven /7\ u	gare havior	engineared.	any foreless national	to come to the III	and actualization
Entry #2 Provide the name of the sponsored foreign national. Last name First name			e haar aaveu (/) A	ears naving	apunsure0	any intelgli nadona	to come to the U.S	o, as a swoent, for
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Last name First name		red foreign national.						
Date (Month/Year) I don't know Est. Provide the place of birth for the sponsored foreign national. City State Zip Code Country (Required) Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States: otherwise, provide City, State as Provide the country(les) of cilizenship for the sponsored foreign national. Provide the country(les) of cilizenship for the sponsored foreign national. Country #2 Which sponsorship was arranged, if applicable. Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Country #2 State Zip Code Country Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country Provide the dates of stay in the U.S. for the sponsored foreign national. From Date (Month/Year) Present Est. Est. Provide the address of the sponsored foreign national white residing in the U.S. Street City State Zip Code Country Code Country Provide the address of the sponsored foreign national white residing in the U.S. Street City State Zip Code Country Code Country Provide the address of the sponsored foreign national white residing in the U.S. State Zip Code Country Code Country Provide the address of the sponsored foreign national white residing in the U.S. City State Zip Code Code Country Code Country Country City City City Code Country Code Country Country City City City Code Country Code Country Country City City City Code Country Country City City City Code Country Code Country Country City City City Code Country Code Country Countr			name	•		Middle name		Suffix
Date (Month/Year)			•				•	
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From Date (Month/Year) To Date (Month/Year) Est. Provide the address of the sponsored foreign national while residing in the U.S. Street City State Zip Code	reet .	City	•	S	ate	Zip Code	Country	
rom Date (Month/Year) Est. Provide the address of the sponsored foreign national while residing in the U.S. Street City State Zip Code								
Est. Est. Provide the address of the sponsored foreign national while residing in the U.S. Street State Zip Code	ovide the dates of stay in the L							
Provide the address of the sponsored foreign national while residing in the U.S. Street Zip Code	om Date (Month/Year)	To Date (Month/Ye	ear) Preser	nt			•	
Street City State Zip Code	☐ Est		Est.					
	ovide the address of the spons	sored foreign national	while residing in th	e U.S.				
Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign	reet	City		, S	ate	Zip Code		
Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign				- 1				
	ovide the purpose of stay in the	e U.S. for the sponsor	red foreign national	Provid	e the pumo:	se of your soonsors	hip for the sponsor	ed foreion national.
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Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR

B.8 Have you EVER held politic	al office in a	foreign country?		ş		☐ YE	S VIN	O (If NO, proc	and in one
			41 444 4				2 VI	TO (II 140, proci	360 10 500
Complete the following If you response	onded 'Yes'	lo having EVER h	ield political	office in a foreign o	ountry.				
Entry #1		P2 - 1 - 1 - 1		Ist. I est.		D			
Provide the position held.		Provide the dates From Date (Month/		rocai ornce. To Date (Month/Ye	ar) Pres		the name	e of the count	ry involv
	1	LIOITI Date (worth)		TO Date (Monante		1	t		•
			Est.		Est.				
Provide the reason(s) for these ac	tivities.			Provide your curre	ent eligibility to	o hold politica	l office in	a foreign cou	ntry.
						•			
Entry #2									
Provide the position held.		Provide the dates					the nam	e of the coun	ry involv
	1	From Date (Month/		To Date (Month/Ye	ar) Pres	ent	•		
•			Est.		Est,				
Provide the reason(s) for these ac	tivities.			Provide your curre	ent eligibility to	o hold politica	office in	a foreign cou	ntry.
						•		•	•
3.9 Have you EVER voted in the	e election of	a toreign country'i	r .			YE	s □N	O (II NO, Proc	eed to 20
Complete the following if you response	onded 'Yes'	to having EVER v	oled in the e	lection of a foreign	country.				
Entry #1									
Provide the date you voted in the	forelan elec	tion. (Month/Year)		Provide the nar	me of the cou	ntry involved.			
,		,	☐ Es		, ,,,	,			
Provide the reason(s) for these ac	-Mariellon or			Provide your cu	ussant allelibili	ku la uala la a	faraian	nunim.	
-tovide die leason(\$) for thase so	auvales.			Lipside Aogi, ci	nu aur auficiui	ty to vote in a	ioteiäu c	սսոււց,	
Entry #2									
Provide the date you voted in the f	oraign elect	ion, (Month/Year)		Provide the nar	me of the cou	intry involved.			
Provide the date you voted in the f	foreign elect	ion. (Month/Year)	☐ Es	1	me of the cou	intry involved.			
		ion, (Month/Year)	Es	it.				guniry.	
Provide the date you voted in the f Provide the reason(s) for these ac		ion. (Manth/Year)	☐ Es	1				ountry.	
		ion, (Manth/Year)	☐ Es	it.				ountry.	
		ion, (Manth/Year)	Es	it.				ountry.	,
		ion, (Manth/Year)	Es	it.				ountry.	
		ion, (Manth/Year)	☐ Es	it.				ountry.	,
		ion, (Manth/Year)	☐ Es	it.				ountry.	, , , , , , , , , , , , , , , , , , ,
		ion, (Manth/Year)	Es	it.				ountry.	, a carried and response to the second secon
		ion, (Manth/Year)	Es	it.				ountry.	
		ion, (Manth/Year)	Es	it.				cuntry.	
		ion, (Manth/Year)	Es	it.				cuntry.	
		ion, (Manth/Year)	Es	it.				cuntry.	
		ion, (Manth/Year)	Es	it.				cuniry.	
		ion, (Manth/Year)	Es	it.				cuniry.	
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		ion, (Manth/Year)	Es	it.				ountry.	
		ion, (Manth/Year)	Es	it.				ountry.	
		ion, (Manth/Year)	Es	it.				ountry.	
		ion, (Manth/Year)	Es	it.				ountry.	
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		ion, (Manth/Year)	Es	it.				ountry.	
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		ion, (Manth/Year)	Es	it.				cuntry.	
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		ion, (Manth/Year)	Es	it.				cuntry.	
		ion, (Manth/Year)	Es	it.				cuntry.	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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069-68-8543

Section 20C - Foreign Travel	· -		••			
Have you traveled outside the U.S. in the					YES NO (II.	NO, proceed to Section 21)
Has your travel in the last seven (7) yea in conjunction with the official U.S. Gover		emment business (i.e.,	no personal	trips	YES (If YES, prod	eed to Section 21) 🕱 NO
Complete the following if you responde business, Provide information about all U.S. Government business.	d 'Yes' to-having traveled ou such trips made outside the	itside the U.S. in the la United States includin	est seven (7 g personal tr) years for othe lps made in co	er than solely U. njunction with oi	S. Government ficial
Entry #1				· · · · · · · · · · · · · · · · · · ·		
Provide the country visited.	Provide the dates of your tr From Date (Month/Year)	avel to this country. To Date (Month/Year)	Present	Provide the tot	al number of da	ys involved in the visit. More than 30
Greece	06/2014 Est.	07/2014	Est.	☐ 6-10	∑ 21-30	Many short trips
Provide the purpose of the travel to this	country (Check all that appl	ly).		, , ,		
Business/Professional conference Volunteer activities	Education Tourism	Trade shows		s, and seminar	s [](Other
While traveling to, or in this country, we customs or security service officials wh				for normal cus	stoms requireme	nts) by the local
YES If yes, provide		outu y t				
		-1				
While traveling to or in this country, we If yes, provide		nter with the police?			1 .	
X NO				•		
While traveling to or in this country, we intelligence, terrorist, security, or militar		ntact with any person l	(nown or sus	spected of being	g involved or as	sociated with foreign
YES If yes, provide	explanation.					
While traveling to, or in this country, we		erintelligence or securi	ity Issues no	t reported?		
YES If yes, provide	explanation,					
While traveling to or in this country, we	re you contacted by, or in co	ntact with anyone exhi	biting excess	sive knowledge	of or undue inte	rest in you or your job?
YES - If yes, provide	explanation.					
× NO						
While traveling to or in this country, we information?	re you contacted by, or in co	ntact with anyone atter	npting to obt	ain classified in	formation or un	classified, sensitive
YES — If yes, provide	explanation,					
While traveling to, or in this country, we intelligence or security service?	re you threatened, coerced,	or pressured in any wa	y to coopera	ate with a foreig	In government a	fficial or foreign
YES If yes, provide	explanation.					
X NO						
•	,	•				
	•					•
				•		
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20C - Foreign Travel - (Contin	ued)				·····	1
Complete the following if you responde business, Provide Information about al U.S. Government business.	ed 'Yes' to having traveled o	outside the U.S. in the e United States Includi	last seven (7 ng personal t	') years for othe rips made in co	r than solely U.S njunction with off	s. Government icial
Entry #2						
Provide the country visited.	Provide the dates of your From Date (Month/Year)	travel to this country. To Date (Month/Year)	□ Demonst.			s involved in the visit.
Colombia	04/2011 Est.	04/2011	Present Est.	1-5 6-10	X 11-20 ☐ 21-30	More than 30 Many short trips
Provide the purpose of the travel to thi	s country (Check all that ap	oly).				
Business/Professional conference	Education	Trade show	s; conference	es, and seminar	s 🔲 o	ther
☐ Volunteer activities	X Tourism	Visit family	or friends			
While traveling to, or in this country, we customs or security service officials with the country with the country, we customs or security service officials with the country, we can be considered. If yes, provide the country with the country, we can be considered as a constant of the country, we can be considered as a country with the country, we can be considered as a country with the country, we can be considered as a country with the country, we can be considered as a country with the country, we can be considered as a country with the count		ad, or otherwise detains country?	ed (other than	n for normal cus	toms requiremen	its) by the local
While traveling to or in this country, we	re you involved in any enco	unter with the police?				
YES		and will the police!				
X NO			•			
While traveling to or in this country, we intelligence, terrorist, security, or milita		ontact with any person	known or su	spected of being	involved or ass	ociated with foreign
YES If yes, provide					•	•
⊠ NO						
While traveling to, or in this country, w	ere you involved in any cou	nterintejligence or secu	rity issues no	it reported?		
YES If yes, provide			•	•		
⊠ NO						
While traveling to or in this country, we	ere you contacted by, or in c	ontact with anyone exh	ibiting excas	sive knowledge	of or undue inter	est in you or your job?
YES If yes, provide	explanation.					
⊠ NO						
While traveling to or in this country, we information?	re you contacted by, or in c	ontact with anyone atte	mpting to ob	tain class ified in	formation or unc	assified, sensitive
YES	explanation					
⊠ NO						
While traveling to, or in this country, we intelligence or security service?	ere you threatened, coerced	, or pressured in any w	ay to cooper	ate with a foreig	n government of	ficial or foreign
YES	explanation.					
X NO.						
•						•
•						
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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•	Section 20C - Foreign Travel - (Continu	ued)	•					
	Complete the following if you responde business. Provide information about all U.S. Government business.	ed 'Yes' to having traveled o Il such trips made outside th	outside the U.S. In the le United States includi	last seven (7 ng personal t	') years for othe rips made in cor	r than solely U.S Junction with off	i. Government icial	
	Entry #3							
1	Provide the country visited.	Provide the dates of your	•		Provide the total	al number of day	s involved in the visit.	
- 1		From Date (Month/Year)	To Date (Month/Year)	Present	X 1-5	11-20	More than 30	
	Bulgaria	08/2008	08/2008	Est.	6-10	21-30	Many short trips	
	Provide the purpose of the travel to this	s country (Check all that ap	ply).					
- [Business/Professional conference	T Education	Trade show	s. conference	es, and seminar		ther	
	☐ Volunteer activities	X Tourism	☐ Visit family	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country? YES If yes, provide explanation.							
			water with the pelled?				***************************************	
-	While traveling to or in this country, we	,	unter with the police?					
1	YES	explanation.						
1	⊠ NO .				_	ŧ		
	While traveling to or in this country, we intelligence, terrorist, security, or military		ontact with any person	known or su	spected of being	involved or ass	ocialed with foreign	
	YES If yes, provide	explanation,						
	⊠ NO							
ļ	While traveling to, or in this country, we	ere you involved in any cour	nterintelligence or secu	rity Issues no	t reported?			
ŀ	YES — If yes, provide		in in item	,				
1	NO · I yes, provide	evhististion.						
١								
-	While traveling to or in this country, we	•	ontact with anyone exh	ibiting exces	sive knowledge	of ar undue inter	est in you or your job?	
	YES If yes, provide	explanation.						
	X NO					C		
	While traveling to or in this country, we information?	re you contacted by, or in c	oniaci wiin anyone atte	mpting to ou	iain ciassined in	rormation or unc	iassined, sensitiva	
	YES	explanation.					,	
	X NO	•						
ĺ	While traveling to, or in this country, we	ere you threatened, coerced	, or pressured in any w	ay to cooper	ate with a foreig	n government of	ficial or foreign	
İ	intelligence or security service?	-velocation						
1	YES	explanation.					ł	
1	⊠ NO ·							
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 20C - Foreign Trave	l - (Contint	red)						
Complete the following if yo business. Provide information. U.S. Government business.	on about all	d 'Yes' to hav such trips må	ing traveled o de outside th	utside the U.S. In a United States in	the last seven (cluding personal i	') years for othe rips made in cor	er than solely U. njunction with o	S. Government fficial
Entry #4								
Provide the country visited.		Provide the o	-	travel to this coun To Date (Month/	dan d	1		ys involved in the visit.
Macedonia		08/2008	☐ Est.	08/2008	Present	X 1-5	11-20 21-30	More than 30 Many short trips
Provide the purpose of the I	ravel to this	country (Che		oly).		1 10-10	[] 21-00	Many andri mps
Business/Professional c			ducation		shows, conferenc	es, and seminar	s .	Other
☐ Volunteer activities								
While traveling to or in this	country, we	re you involve	d in any enco	unter with the pol	ice?			1
YES If y	es, provide	explanation.						,
While traveling to or in this of intelligence, terrorist, securi				ontact with any pe	erson known or su	specied of being	g involved or as	socialed with foreign
	•	explanation.						
While traveling to, or in this YES If you NO While traveling to or in this or	es, provide	explanation.				,	af ar undue inte	erest in you or your jab?
YES If you	es, provide	explanation.		•	٠			
While traveling to or in this of information? YES If you NO		re you contact explanation.	ed by, or in c	ontact with anyon	e attempting to ob	tain classified in	formálion or un	classified, sensitive
While traveling to, or in this intelligence or security servi	country, we	re you threate	ned, coerced	, or pressured in	any way to cooper	ate with a foreig	n government o	official or foreign
		explanation,				•	,	
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 21 - Psychological and Emotional Health Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems. 21.1 in the last seven (7) years, have you consulted with a health care professional regarding an X YES NO (If NO, proceed to Section 22) emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered: - strictly marital, family, grief not related to violence by you; or - strictly related to adjustments from service in a military combat environment Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer No. Complete the following if you responded 'Yes' to having consulted with a health care professional regarding a mental or emotional health condition or were hospitalized for such a condition. Entry #1 Provide the dates of counseling or treatment. Provide the name of the health Provide the telephone number of the health care professional. care professional. International or DSN phone number X Day Night From Date To Date X Present Extension (Month/Year) /Month/Year) 04/2014 Est. Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Country 210 E Harvard Blvd Santa Paula Provide the name of agency/organization/facility where counseling/treatment was provided. Community Memorial Health Clinic (for Anxiety) X Same as above Provide the address of agency/organization/facility provider. (Provide City and Country if outside the United States; otherwise, provide City, X Same as above State and Zip Code) Street Zip Code City State Country Were you EVER admitted as an inpatient to the agency/organization where counseling/treatment was provided? T YES NO IX You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary? Voluntary ☐ Involuntary Explanation > Entry #2 Provide the dates of counseling or treatment. Provide the name of the health Provide the telephone number of the health care professional. care professional. International or DSN phone number Day Night From Date To Date (Month/Year) (Month/Year) Present Telephone number Extension ☐ Est. ☐ Est. Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City Zip Code Country Provide the name of agency/organization/facility where counseling/treatment was provided. Same as above Provide the address of agency/organization/facility provider, (Provide City and Country if outside the United States; otherwise, provide City, Same as above State and Zip Code) Zip Code Country Were you EVER admitted as an Inpatient to the agency/organization where counseling/treatment was provided?

You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission

Explanation >

b6

voluntary or involuntary?

Voluntary

Involuntary

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 21 - Psychological and Emotional F	ealth - (Continued)		<u> </u>	
.2 Has a court or administrative agency	EVER declared you mentally incomp	oetent?	YES	NO (If NO, proceed to Section 22)
Complete the fallowing if you responded 'Ye	s' to having a court or administrative	agency EVER	declare you mentall	y Incompetent.
Entry #1				
Provide the date this occurred. (Month/Year)				
Provide the address of the court or administ Street	ative agency. (Provide City and Coun City	fry if outside the U State	Inited States; otherwise Zip Code	provide City, State and Zip Code) Country
Was this matter appealed to a higher court?				
YES NO				
Appeal #1				
Provide the name of the court.		Provide the	s final disposition.	
Provide the address of the court. (Provide Street	le City and Country if outside the United City	States; otherwise, State	provide City, State and Zlp Code	d Zip Code) Country
			<u> </u>	
Appeal #2				
Provide the name of the court.	•	Provide the	e final disposition.	
Provide the address of the court. (Provide Street	le City and Country if outside the United City '	States: otherwise, State	provide City, State and Zip Code	d Zip Cade) Cauntry
Entry #2				
Provide the date this occurred. (Manth/Year)	1 .	administrative a	- •	you mentally incompetent.
Provide the address of the court or administrate or administra	alive agency. (Provide City and Coun. City	iry if outside the U State	Inited States; otherwise Zip Code	, provide City, State and Zip Code) Country
Was this matter appealed to a higher court?				
YES NO (If NO, proceed to Section	22)			
Appeal #1				
Provide the name of the court.		Provide the	final disposition.	
Provide the address of the court. (Provide	-			
Street	City	State	Zip Code	Country
Appeal #2				
Provide the name of the court.		Provide the	final disposition.	
Provide the address of the court. (Provide Street	e City and Country If outside the United City	States; otherwise, State	provide City, State and Zip Code	Zip Code) Gountry
				
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				069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

FR Parts 731, 732, and 736							
Section 22 - Police Record	•						
or this section report inform he charge was dismissed. Y under the authority of 21 U.S	ou need not report c	onvictions under the Fe	derat Contro	olled Substance	es Act for which the	court issue	
2.1 Have any of the follopertains to the action	owing happened? (If ns that are identified	Yes' you will be asked below.)	to provide d	etails for each	offense that	YES	NO (If NO, proceed to 22.2)
against you' alcohol or d - In the past	? (Do not check if all rugs)	e you been issued a su the citations involved to e you been arrested by	affic infracti	ons where the	fine was less than !	\$300 and did	l not include
charges cor - In the past	nvictions or sentence: seven (7) years hav	e you been charged, co s in any Federal, state, e you been or are you d ling a trial on criminal c	local, milita: currently on	y, or non-U.S.	court, even if previ	? (Include all ously listed (qualifying on this form).
Entry #1							
Provide the date of offense		Provide a descrip	otion of the	specific nature	of the offense.		
(a) Did this offense involve	any of the following	?					
YES NO							
(Check all that apply.)	•						
someone with who	rm you share a child i	e (such as battery or as in common?	ssault) agair	nst your child, o	dependent, cohabit	ant, spouse,	former spouse, or
Involve firearms or		•				•	
involve alcohol or o							
City .		irred, <i>(Provide Cily and C</i> ounty	ountry if outsi	de the United St. State	ates; otherwise, provid Zip Code	de City, County Country	y, State and Zip Code)
		·				1	
(b) Were you arrested, sur type of law enforcement YES NO (# N		you receive a ticket to	appear as	result of this	offense by any poli	ce officer, sh	eriff, marshal or any other
Provide the name of th	e law enforcement a	gency that arrested/cite	d/summone	d you,		, · · · · · · · · · · · · · · · · · · ·	
Provide the location of			d Country if o				uniy, State and Zip Code)
City	C	ounty		State	Zip Code	Country	
(c) As a result of this offen	ise were vou charner	convicted currently a	waiting trial	and/or ordere	ri to appear in cour	t in a crimina	I proceeding against you?
	rovide the name of th	=			a to appear to anat		i hisassaiid adamit lan
	YES, complete (c. 1))	*					,
□ NO	rovide explanation >						
(c.1) Provide the locati	ion of the court. (Prov	ide Cily and Country If outs County	side the Unite	d States; otherw State	ise, provide Cily, Cou Zip Code	nty, State and Country	Zip Gode)
							ty, found not-guilty, charge al charge and the lesser
Felony/misdemeanor		Charge		· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Outcome		Date (Month/Year)
							☐ Est.
							☐ Est.
							Est.
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	·				- · · · · · · · · · · · · · · · · · · ·		
er your Social Security	Number before o	oing to the next pa	ge			. [069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) Provide a description of the sentence. Were you sentenced to imprisonment for a term exceeding 1 year? YES NO Were you incarcerated as a result of that sentence for not less than 1 year? YES if the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Present Not Applicable probation or parole. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? YES ☐ NO Provide explanation.

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 738 Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the past seven (7) years have you been arrested by any police officer; sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form), - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Provide the date of offense, (Month/Year) Provide a description of the specific nature of the offense. Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? involve firearms or explosives? Involve alcohol or drugs? Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code) State County Zip Code Country (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) Provide the name of the law enforcement agency that arrested/cited/summoned you. Provide the location of the law enforcement agency, (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Gode Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. (If YES, complete (c.1)) Provide explanation > (c,1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) County Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense. Charge Outcome Date (Month/Year) Felony/misdemeanor Est. Est. ☐ Est ☐ Est

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3208 0005

Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - in the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1)Provide a description of the sentence. Were you sentenced to imprisonment for a term exceeding 1 year? YES NO YES Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Not Applicable Present actually were incarcerated. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Not Applicable Present probation or parole. Est. Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? TYES NO Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

2.2 Other than those offenses already listed, have you EVER had the following happen to you? - Have you EVER been convicted in any court of the United States of a crine, sentenced to imprisonment for a term exceeding year for that crine, and incarcarated as a result of this sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously fisted on this form) - Have you EVER been charged with any offense? (Include those under the Uniform Code of Military Justice and non-military) - College of the control of the court. Provide the date of offense, (Monthr'ear) - Trovide the date of offense, (Monthr'ear) - Provide a description of the specific nature of the offense, (Monthr'ear) - Provide the date of offense, (Monthr'ear) - Provide a description of the specific nature of the offense, (Monthr'ear) - Provide and the court of the court o	2.2 Other than those offenses already listed, have you EVER had the following tappen to you?	FR Parls 731, 732, and 736	MATIONAL OL	301(1777 001	110110		
Have your EVER bear convictor in any volunt of the United States of a crime, seatenced to impresentment for a term according 1 year for the Inferior, and Incernation as a seast of this betterce for not less than 1 year? (Include) in present the season of previously listed on this form) Have your EVER bear charged with any floury offense? (Include those under the Uniform Code of Millary Justica and non-millary) civilian felony offenses?) Have your EVER bear convicted of an offense involving frame of (Include those under the Uniform Code of Millary Justica and non-millary) civilian felony offenses?) Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame or explained? Have your EVER bear charged with an offense involving frame of the offense, (Monith/Year) Have your EVER bear charged offense (Monith/Year) Have your EVER bear charged offense (Monith/Year) Have your EVER bear charged offense (Monith/Year) Have your EVER bear charged offense (Monith/Year) Have your Ever bear of the court. Have your Ever bear of the court. Have your sentenced to imprisonment for a lerm exceeding 1 year? Have your currently on trial, awalting a Irlai, or awalting sentencing on orininal charges for this offense? Have your currently on trial, awalting a Irlai, or awalting sentencing on orininal charges for this offense? Have your currently on trial, awalting a Irlai, or awalting sentencing on orininal charges for this offense? Ha	- Hitre you EVER base convided is any count of its United States of a crine, sentenced to inpulsorment for a term exceeding I year for the form, and increasing as a sould off the sentence for not last ham 1 year? (Include all qualifying conviders in Factoria, laster, local, or military count, even if previously lasted on this form). - Have you EVER been charged with any floor officers? (Included those under the Uniform Code of Millary Justice and nor-millary) children felony offenses). - Have you EVER been convicted of an officers involving domestic violence or a crime of violence (such as battery or assetut) against your child, dependent, coheathraint, spouse, former spouse, or someone with whom you share a child in common? - Have you EVER been charged with an offense involving alcohol or drugs? - Have you EVER been charged with an offense involving alcohol or drugs? - Have you EVER been charged with an offense involving alcohol or drugs? - Entry #1 - Provide the date of offense, (Menth/Year) - Est. - YES No - Check all that apply). - Domestic violence or a crime of violence (such as bettery or asseut) against your child, dependent, cohebitism, spouse, former spouse, or some with whom you share a child in common? - Involve elicated or drugs? - Provide the name of the court. - Provide the incestion of the court. (Provides City and Country if sentate the United States; chiarvate, provide City, County, State and Zio Code) - City - Country - Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge organized). - Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge organized). - Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge organized). - Provide a description of the sentence. - Water you incerc	Section 22 - Police Record - (Continued)			•		
that crime, and Incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, salete, local, or military out. even it previously listed on this form) - Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military) - Have you EVER been charged with an offense involving include those under the Uniform Code of Military Justice and non-military) - Have you EVER been charged with an offense involving include in the provide of a call of a common? - Have you EVER been charged with an offense involving include of decidence? - Have you EVER been charged with an offense involving include of drugs? - Have you EVER been charged with an offense involving include of drugs? - Have you EVER been charged with an offense involving include of drugs? - Have you EVER been charged with an offense involving include of drugs? - Provide the date of offense. (Month?*ear) - Provide and the date of offense. (Month?*ear) - Provide and the date of offense. (Month?*ear) - Provide with whom you share a child in common? - Involve fineams or explosives? - Involve fineams or explosives? - Provide the name of the court. (Provide City and County if redate the United States: otherwise, provide City, County, State and Zip Code) - City - Provide the harges brought against you for this offense, and the outcome of each charged offense (such as found guilty, cound not-guilty, or charge or opposed or holis pros." etc). If you were found guilty or or pleaded guilty to a lesser offense, list both the original charge and the lesser offense against you. - Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, cound not-guilty, or charge drugs against). - Provide and the case of the court. (Provide City and County if redated guilty to a lesser offense, list both the original charge and the lesser offense against you for this offense or provide the dates	that arine, and incorcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, salet, local, or milliany court, very in Every and the date on this form) - Have you EVER been charged with an office involving denses? (Include those under the Uniform Code of Military Justice and non-military) - Indiany control that the provides of an office involving denses (Include the Uniform Code of Military Justice and non-military) - Indiany court of the count of the	Other than those offenses already listed,	have you EVER had the f	ollowing happen to yo	ıu?	YES [NO (If NO, proceed to
- Have you EVER been charged with an offense involving firearms or explosives? - Have you EVER been charged with an offense involving slocked or drugs? Provide the date of offense, (Month/Year)	- Have you EVER been charged with an offense involving firearms or explosives? - Have you EVER been charged with an offense involving alcohol or drugs? Provide the date of offense, (Mouth/Yeer)	that crime, and incarcerated as a res local, or military court, even if previor - Have you EVER been charged with civilian felony offenses) - Have you EVER been convicted of a	ult of that sentence for no usly listed on this form) any felony offense? (Inclu in offense involving dome:	t less than 1 year? (In de those under the U stic violence or a crim	nclude all qualifying iniform Code of Mill ne of violence (such	g convictions in Itary Justice and It as battery or a	Federal, state, d non-military/
Provide the date of offense. (Manth/Year)	Provide the date of offense. (Month/Year)	- Have you EVER been charged with a	an offense involving firear	ms or explosives?	hare a child in com	mon?	
Est.	Est.	Entry #1					4
YES NO	YES NO			n of the specific natu	re of the offense.		
(Check all that apply). Domestic violence or a orime of violence (such as bettery or assault) against your child, dependent, cohabitant, spouse, former spouse, or som with whom you share a child in common? Involve ficerams or explosives? Involve alcohol or drugs? Provide the name of the court.	(Check all that apply). Domeste violence or ordine of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or some with whom you share a child in common? Involve finearms or explosives? Involve sloched or drugs? Provide the name of the court. Provide the name of the court. (Provide City and Country if outside the United States: otherwise, provide City, County, State and Zip Code) City	(a) Did this offense invoive any of the following?	7				
Domestic violence or a crime of violence (such as batiery or assault) against your child, dependent, cohabitant, spouse, former spouse, or som with whom you share a child in common? Involve alcohol or drugs? Involve alcohol or drugs? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) City	Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or some with whom you share a child in common? Involve alcohol or drugs?	TYES TNO					
Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or some with whom you share a child in common? Involve filerams or stapiolates? Involve alcohol or drugs? Provide the name of the court.	Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or some with whom you share a child in common? Involve alcohol or drugs?	(Check all that apoly).					
Involve firearms or explosives? Involve alcohol or drugs? Provide the name of the court. Provide the name of the court. Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code Country	Involve firearms or explosives? Involve alcohol or drugs?	* * * * * * * * * * * * * * * * * * * *	e (such as battery or assa	ult) against your child	, dependent, cohat	oltant, spouse, f	ormer spouse, or some
Involve alcohol or drugs? Provide the name of the court. Provide the ideation of the court. (Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code) City	Involve alcohol or drugs? Provide the name of the court. Provide the iocalion of the court. (Provide City and Country if outside the United States: otherwise, provide City, County, State and Zip Code) City		?				•
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Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code) City	Provide the location of the court. (Provide City and Country if outside the United States: otherwise, provide City, Country, State and Zip Code) City						
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Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	(b.2)					
Provide explanation.			awaiting sentencing on cri	minal charges for this	s offense?		YES NO
		Provide explanation.					
	069-68-8543						

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Provide the date of offense, (Manth/Year) Est. Provide a description of the specific nature of the offense.	
Set.	
YES NO	
(Check all that apply). Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or so with whom you share a child in common? Involve firearms or explosives? Involve alcohol or drugs? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code) City	
Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or so with whom you share a child in common? Involve firearms or explosives? Involve alcohol or drugs? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City Country State Zip Code Country Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lasser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Monthr) (b) Were you sentenced as a result of these charges? YES (If YES, complete (b.1)) NO (If NO, complete (b.2))	
with whom you share a child in common? Involve firearms or explosives? Involve alcohol or drugs? Provide the name of the court. Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Code Country Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lasser offense, list both the original charge and the lesser offense separately. Felony/misdemeanor Charge Outcome Date (Month/) (b) Were you sentenced as a result of these charges? YES (If YES, complete (b.1)) NO (If NO, complete (b.2))	
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Were you sentenced to imprisonment for a term exceeding 1 year?	s NO
Were you incarcerated as a result of that sentence for not less than 1 year?	s 🗌 NO
If the conviction resulted in imprisonment, provide the dates that you Not Applicable From Date (Month/Year) To Date (Month/Year) actually were incarcerated.	/Year) Pres
If conviction resulted in probation or parole, provide the dates of probation or parole. Not Applicable From Date (Month/Year) To Date (Month/Year)	/Year) Presi
(b.2)	
Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?	s 🗌 NO
Provide explanation,	
069-68-8543	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

•	stic violence protective order	or restraining order is	ssued against you?	☐ YES	NO (If NO, proceed to Section 2
Complete the following if you res	sponded 'Yes' to currently ha	aving a domestic viole	ence protective order or re	straining orde	r issued against you?
Entry #1					
Provide explanation.		•			
Provide the date the order was is	ssued. (Month/Year)		of the court or agency the	at issued the o	rder.
Provide the location of the court City	or agency that issued the or State	rder: (Provide City and C Zip Code	Country if autside the United S Country	States; otherwise	e, provide City, State and Zip Code)
Entry #2		1			
Provide explanation.					·
Provide the date the order was le	ssued. (Month/Year)		of the court or agency that	at issued the o	rder.
Provide the location of the court				Stales; otherwise	, provide City, State and Zip Code)
City	State	Zip Code	Country		
Entry #3					
Provide explanation.					· · · · · · · · · · · · · · · · · · ·
	•				•
Provide the date the order was is	ssued. (Month/Year)		of the court or agency the	at issued the o	rder.
Provide the location of the court	or agency that issued the or	rder: (Provide Gity and C	Country if outside the United S	States; otherwise	, provide City, State and Zip Code)
City	State	Zip Code	Country		
Entry #4			_ !		
Provide explanation.					
Provide the date the order was is	ssued. (Month/Year) Est.		of the court or agency that	it issued the o	rder.
rovide the location of the court	or agency that issued the or		Country if outside the United S	itates; otherwise	, provide City, State and Zip Code)
City	State	Zip Code	Gountry		
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

CFR Parts 731, 732, and 736	NATIONAL SECO	KITT FOSI	TIONS		
Section 23 - Illegal Use of Drugs and Drug A	Activity				
We note, with reference to this section, that ne evidence against you in a subsequent criminal government. The following questions pertain to	proceeding. As to this particular s	section, this appli	es whether or not you are currently em	ployed by the Federal	
23.1 In the last seven (7) years, have you controlled substance includes injecting consuming any drug or controlled sub	g, snorting, inhaling, swallowing, e	olled substances experimenting wi	7 Use of a drug or YES XIN	NO (II NO, proceed to 23.2)	
Complete the following if you answered 'Yes	' to in the last seven (7) years h	aving illegally us	ed a drug or controlled substance,	the second secon	
Entry #1					
Provide the type of drug or controlled substa					
Cocaine or crack cocaine (Such as rock			(Such as barbliurates, methaqualone,		
THC (Such as marijuana, weed, pot, has	shish, etc.)	_	nic (Such as LSD, PCP, mushrooms, e	(C.)	
Ketamine (Such as special K, jet, etc.)	•		ich as the clear, Juice, etc.)	•	
Narcotics (Such as opium, morphine, co	deine, heroin, etc.)	Inhalants (S	uch as toluene, amyl nitrate, etc.)		
Stimulants (Such as amphatamines, spe			ride explanation) >		
	Provide an estimate of the month year of most recent use. (Month/Y	'ear)	Provide nature of use, frequency, and	number of times used.	
Est.		Est.			
Was your use while you were employed as a a position directly and immediately affecting		utor, or courtroon	n official, or while in	YES NO	
Was your use while possessing a security of	earance?	•		YES NO	
Do you intend to use this drug or controlled substance in the future?					
Provide explanation of why you inlend or do	not intend to use this drug or con	trolled substance	in the future.		
			<u> </u>		
Entry #2					
Provide the type of drug or controlled substa			aggar yan garagar aga a sagar sagar sagar s		
Cocaine or crack cocaine (Such as rock,			(Such as barbiturates, methaqualone,	•	
THC (Such as marijuans, weed, pot, has	shish, etc.)	_	nic (Such as LSD, PCP, mushrooms, et	.c.)	
Ketamine (Such as special K, jet, etc.)			ch as the clear, juice, etc.)		
Narcotics (Such as opium, morphine, co	deine, heroin, etc.)		uch as toluane, amyl nitrate, etc.)		
Stimulants (Such as amphetamines, spe		· ·	ide explanation) >		
and year of first use. (Month/Year)	Provide an estimate of the month year of most recent use. (Month/Y	ear)	Provide nature of use, frequency, and	number of times used.	
Est.		Est.			
Was your use while you were employed as a a position directly and immediately affecting	law enforcement officer, prosect the public safety?	itor, or courtroon	official, or while in	YES NO	
Was your use while possessing a security cle	earance?	,		YES NO	
Do you intend to use this drug or controlled s	substance in the future?			YES NO	
Provide explanation of why you intend or do	not intend to use this drug or con	trolled substance	in the future.	,	
				•	
		•			
	•				

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

L	Section 23 - Illegal Usi	of Drugs and Drug Acti	vity - (Continued)			
			en involved in the illegal purc receiving, handling or sale of			ES NO (If NO, proceed to 23.3)
			in the last seven (7) years ing, handling or sale of a drug		illegal purchase, m	anufacture, cultivation,
	Entry #1					
	Provide the type of dr	rug or controlled substance				
	Cocaine or crack	cocaine (Such as rock, fre	ebase, etc.)	Depressants (Such as	barbiturates, methi	squalone, tranquilizers, etc.)
		arijuana, weed, pot, hashis	h, etc.)	Hallucinogenic (Such	, ,	rooms, etc.)
	Ketamine (Such :	as special K, jet, etc.)		Steroids (Such as the	clear, juice, etc.)	
	Narcotics (Such a	as opium, morphine, codel	ne, heroin, etc.)	inhalants (Such as tole	uene, amyi nitrate, e	ic.)
	Stimulants (Such	as amphetamines, speed,	crystal meth, ecstasy, etc.)	Other (Provide explan	nation) >	
	Provide an estimate of year of first involvement		Provide an estimate of the of most recent involvement		Provide the nature	and frequency of activity.
	•	Est.		Est.		
	Provide the reason(s)	why you engaged in the a	ctivity			
			•			
		t while you were employed mmediately affecting the p	l as a law enforcement office ublic safety?	r, prosecutor, or courtroom (official, or while in a	YES NO
	Was your involvemen	t while possessing a secur	ity clearance?			YES NO
	Do you intend to enga	age in this activity in the fut	ure?			
	YES -	Provide explanation.				
	□ №		•		•	•
	Entry #2	<u> </u>				
	Provide the type of dru	g or controlled substance.				•
	Cocaine or crack of	cocalne (Such as rock, free	ebase, etc.)	Depressants (Such as	barbiturates, metha	qualone, tranquilizers, etc.)
$ \cdot $	THC (Such as ma	ljuana, weed, pot, hashisi	i, etc.)	Hallucinogenic (Such a	s LSD, PCP, mushi	ooms, etc.)
	Ketamine (Such a	s special K, jet, etc.)		Steroids (Such as the c	dear, juice, etc.)	,
j	Narcotics (Such as	s opium, morphine, codein	e, heroln, etc.)	Inhalants (Such as tolu-	ene, amyl nitrate, el	cc.)
1	Stimulants (Such a	as amphetamines, speed,	crystal meth, ecstasy, etc.)	Other (Provide explana	stion) ▶	
.	Provide an estimate of year of first involvemen		Provide an estimate of the of most recent involvement.		Provide the nature	and frequency of activity.
1		Est.		Est.		
	Provide the reason(s)	why you engaged in the ac	tivity			
		while you were employed mediately affecting the pu	as a law enforcement officer, blic safety?	, prosecutor, or courtroam o	fficial, or while in a	YES NO
	Was your involvement	while possessing a securi	y clearance?			YES NO
	Do you intend to engag	e in this activity in the futu	re?			
- 1	☐ YES →	Provide explanation.				,
L	□ NO					
	•					
			•			
			•			
	•	·				
En4	tor vour Social See	rite Number before	ing to the next page -			069-68-8543
#III	rer Aont Social Secn	urry manimer beinte de	mig to the Heat bage -		,	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

DI 111 III	13 / 3 /, / 32, 8/10 / 40					<u> </u>
Section	n 23 - Illegal Use of Dru	gs and Drug Activit	y - (Continued)			
23.3	Have you EVER illegal possessing a security of			a drug or controlled substance while	☐ YES	NO (If NO, proceed to 23,4
Com	plete the following if you essing a security clearan	responded 'Yes' to ha	aving EVER (llegal usly listed.	y used or otherwise been involved with a	drug or controlle	d substance while
Entry						
Provid	de a description of your i	nvolvement.	,			
	de the dates of involvements Date (Month/Year)	ent/use. To Date (Month/Y	ear) Present	Provide an estimate of the number of tild drug or controlled substance while poss		
	Est.		Est.			
Entry						
Provid	de a description of your i	nvolvement.				,
	is the dates of involvement	ent/use, To Date (Month/Ye	ear) Present	Provide an estimate of the number of tindering or controlled substance while poss		
, , ,	☐ Est.		Est.			
23.4		proement officer, pros	ecutor, ar courtroc	a drug or controlled substance while im official; or while in a position directly an ted?	d YES	NO (If NO, proceed to 23.5
Comp as a l	plete the following if you aw enforcement officer,	responded 'Yes' to h	aving EVER Illegal	ly used, or otherwise been involved with a le in a position directly and immediately af	drug or controlle	ed substance while employed c safety other than previous!
Entry	#1					
_	de a description of the d	rugs or controlled sub	reference used and	your involvement		
	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	de the dates of involvem Date (Month/Year)	ent/use. _To Date (Month/Yo	ear) Present	Provide an estimate of the number of the drug or controlled substance while emp		
	☐ Est.		Est			
Entry	#2					
_	de a description of the d	rugs or controlled sul	stances used and	vour involvement		
1 1041	aa a assoriptioti vi tila o	ruga of Controlled aut		Ann mantantinitie		•
Provid	ie the dates of involvem	ent/use.		Provide an estimate of the number of time		
From	Date (Month/Year)	To Date (Month/Y	ear) Present	drug or controlled substance while emp	loyed in this cap	acity.
	Est.		Est.	,		
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or voi	r Social Security No	umber before goit	a to the next p	age		069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

		u intentionally engaged ribed for you or someo	d in the misuse of prescription drugs, rega	rdless of YES	NO (If NO, proceed to
			n (7) years having intentionally engaged i	in the misuse of preso	rinting drups reporties
of whether the drugs were			is (1) years making intermentally engages i	in the misose of presc	ilphon oraga, regaraca
ntry #1		1. 1			
Provide the name of the p	rescription drug ti	nat you misused.	•		
Provide the dates of invol	vement/use	•	Provide the reason(s) for and circur	nstances of the misus	e of the prescription dr
rom Date (Month/Year)	To Date (/	Month/Year) Prese	ent	ŧ	
☐ Es	it.	Est.		•	•
Nas your involvement who osition directly and imme	lle you were empl diately affecting t	loyed as a law enforce the public safety?	ement officer, prosecutor, or courtroom offi	icial, or while in a	YES NO
Vas your involvement wh	ile possessing a s	security clearance?			YES NO
intry #2					
Provide the name of the p	rescription drug th	hat you misused.	, , ,		
Penside the distance to the	10-10-10-10-10-10-10-10-10-10-10-10-10-1		Desulds the present of for and of	antonous of the set	
Provide the dates of involveron Date (Month/Year)	vement/use To Date (//	Month/Year) Prese	Provide the reason(s) for and circur	nstances of the misus	ie or the prescription di
Tem Date (maining reas)		Frest	2111		
1-04	ile you were empl	loyed as a law enforce	ement officer, prosecutor, or countroom offi	icial, or while in a	YES NO
Vas your involvement whi					YES NO
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Secti	ion 23 - Illegal Use of Drugs and Drug Activ	ty - (Continued)		•	
23.6	Have you EVER been ordered, advised, or illegal use of drugs or controlled substance		or treatment as a re	sult of your	YES NO (If NO, proceed to 23.7
	implete the following if you responded 'Yes' to gal use of drugs or controlled substances.	having EVER been orde	red, advised, or as	ked to seek counseling o	or treatment as a result of your
En	try #1				
	ive any of the following ordered, advised, or as heck all that apply):	ked you to seek counseling	or treatment as a r	esult of your illegal use of	drugs or controlled substances?
,] An employer, military commander, or employ	ee assistance program	A court official	/ judge	
	A medical professional			ordered, advised, or ask	
	A mental health professional		counseling or t	reatment by any of the ab	ove
Pro	ovide explanation >			•	
Die	f you take action to receive counseling or treat	meni?		YES (II YES, com	plete (b)) NO (If NO, complete (a
(a)	You have indicated that you did not receive the Provide explanation.	reatment.			
-					
(b)	You have indicated that you did receive treat Provide the type of drug or controlled substa		sated		
	Cocaine or crack cocaine (Such as rock	•	•	ants (Such as barbiturates	, methaqualone, tranquilizers, etc
	THC (Such as marijuana, weed, pot, ha	•		ogenic (Such as LSD, PC)	
	Ketamine (Such as special K, jet, etc.)	•		(Such as the clear, juice,	
	Narcotics (Such as oplum, morphine, co	deine, heroin, etc.)	inhalants	(Such as toluene, amy) n	ltrate, etc.)
	Stimulants (Such as amphetamines, spe	ed, crystal meth, ecstasy,	etc.) Other (F	rovide explanation) >	
	Provide the name of the treatment provider. Last name	First name			
	Provide the address for this treatment provide Street	er. (Provide City and Country City	if outside the United Sta State	les; atherwise, provide City, St Zip Code Cou	
ľ					
•	Provide a telephone number for the treatment provider.	Extension Internation phone n	onal or DSN umber	Provide the dates of tre From Date (Month/Year)	atment. To Date (Month/Year) 🗍 Prese
		Day Day] Night	☐ Est.	☐ Est,
	Did you successfully complete the treatment	? YES NO-	(Provide explanati	on)	
		•			
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Con							
illeg	nplete the following if you responded 'Yes' t gal use of drugs or controlled substances.	lo having EVE	R been ord	ered, advised, or as	ked to seek counseling o	or treatment as a res	ult of your
-	ry #2						
(Che	e any of the following ordered, advised, or a eck all that apply):			•		drugs or controlled so	ubstances?
	An employer, military commander, or emplo	yee assistand	e program	A court official	Ingge		
	A medical professional A mental health professional				ordered, advised, or ask reatment by any of the abo		
Prov	vide explanation ▶						
Did	you take action to receive counseling or trea	atment?			YES (If YES, com	plete (b)) 🔲 NO (if N	O, complete (
(a)	You have indicated that you did not receive	treatment,			, , ,		
	Provide explanation.						
(b)	You have indicated that you did receive treat	atment.					
	Provide the type of drug or controlled subst	tance for whic	n you were t	eated.			
٠	Cocaine or crack cocaine (Such as roo	:k, freebase, e	tc.)	Depress	ants (Such as barbiturates	i, methaqualone, tran	quilizers, et
	THC (Such as marijuana, weed, pot, ha	ashish, etc.)		Hallucino	genic (Such as LSD, PCF	, mushrooms, etc.)	
	Ketamine (Such as special K, jet, etc.)			Steroids	(Such as the clear, juice,	etc.)	
	Narcotics (Such as oplum, morphine, o	odeine heroid	Letc \	_	(Such as toluene, amy) n	*	
		Ť	•		•	mate, ott.,	
	Stimulants (Such as amphetamines, sp		ietn, ecstasy	, atc.) Uther (F	Provide explanation) >		
	Provide the name of the treatment provider Last name	First name					
	Provide the address for this treatment provi Strest	ider. (Provide C	ity and Country		les; atterwise, provide City, St . Zip CodeCou		
	Provide a telephone number for the treatment provider.	Extension	phone	tional or DSN number	From Date (Month/Year)	To Date (Month/Yea	
			nay [Night .	☐ Est.		Est.
	Did you successfully complete the treatmen	nt? TYES	□ NO	(Provide explanati	on)		
	•				•		
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Ac	tivity - (Cor	ntinued)					· · · · · · · · · · · · · · · · · · ·
3.7 Have you EVER voluntarily sought cour controlled substance?				· · · · · · · · · · · · · · · · · · ·	YES	NO (If NO, procee	
Complete the following if you responded 'Yes controlled substance?	s' to having	EVER voluntarily	sought counse	ling or treatme	nt as a resu	of your use of a dr	ug or
Entry #1		·					
Provide the type of drug or controlled substan		•					
Cocaine or crack cocaine (Such as rock,	freebase, etc	c.)	Depressa	nts (Such as ba	rbiturates, m	ethaqualone, tranquili	zers, etc.)
THC (Such as marijuana, weed, pot, has	nish, etc.)		Hallucinog	genic (Such as l	LSD, PCP, n	nushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)			Sterolds (Such as the clea	ar, juice, etc.	.)	
Narcotics (Such as oplum, morphine, cod	eine, herain,	, etc.)	Inhalants	(Such as toluen	e, amyl nitra	te, etc.)	
Stimulants (Such as amphetamines, spee	ed, crystal m	eth, ecstasy, etc.)	Other (Pr	rovide explanati	on) ≯		
Provide the name of the treatment provider. Last name	First name						
Provide the address for this treatment provide Street	r. (Provide Cit City	ly and Gountry if outsid	le the United State State	es; otherwise, provi Zip Code	-	and Zip Code) Duntry	
Provide a telephone number for the treatment provider.	Extension	International of phone number Day Nigt	Г	Provide the da From Date (M		nent. To Date (Month/Year)	Presen
Did you successfully complete the treatment?	YES	□ NO → (Pro	vide explanatio	n)			
Entry #2							
Provide the type of drug or controlled substan	ce for which	you were treated.					
Cocaine or crack cocaine (Such as rock,	freebase, etc	C.)	Depressa	nts (Such as ba	rbiturates, m	ethaqualone, tranquili	zers, etc.)
THC (Such as marijuana, weed, pot, hash	rish, etc.)		Hallucinog	jenic (Such as l	SD, PCP, n	rushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)			· Steroids (Such as the clea	ar, juice, etc.)	
Narcotics (Such as opium, morphine, code	eine, heroin,	eic.)	Inhalants	(Such as toluen	e, amyl nitra	te, etc.)	
Stimulants (Such as amphetamines, spee	d, crystal me	eth, ecstasy, etc.)	Other (Pr	ovide explanati	on) >		
Provide the name of the treatment provider. Last name	First name						
Provide the address for this treatment provide Street	r. (Provide City City	y end Country if outsid	a the United State State	s; otherwise, provi Zip Code		and Zip Code) puntry	
Provide a lelephone number for the treatment provider.	Extension	International of number Day Nigh	-	Provide the da From Date (Mo		nent. To Date (Month/Year) Í	Presen
Did you successfully complete the treatment?	YES	□ NO → (Pro		0)		· ·	c.a
Did you added along documents	L., 100	Director (19	Aloc exhibition	···	· · · · · · · · · · · · · · · · · · ·		
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol						
24.1 In the last seven (7) years h professional or personal relat safety personnel?	nas your use of alcohol ilonships, your finances	had a negative impac , or resulted in interve	t on your work pontion by law enf	erformance, your orcement/public	YES [NO (If NO, proceed to 24
Complete the following if you responded relationships, your finances, or resu	nded 'Yes' to your alcoh ilted in intervention by i	nol use having had a n aw enforcement/public	egative impact o	on your work perfordel,	mance, your	professional or personal
Entry #1	•					
Provide the dates of involvement or	use.					
From Date (Month/Year)	To Date (Month/Year)	Present			•	
☐ Est.		Est.				
Provide the month/year when this negative impact occurred,	Provide circumstance	s		Provide negative in	npact.	
From Date (Month/Year)						
Est.						•
Entry #2						
Provide the dates of involvement or	use.			 		
From Date (Month/Year)	To Date (Month/Year)	Present	-			
☐ Est.		Est.				
Provide the month/year when this	Provide circumstance	<u></u>	T	Provide negative in	noact.	
negative impact occurred.						
From Date (Month/Year)						•
☐ Est.						
Entry #3						· · · · · · · · · · · · · · · · · · ·
Provide the dates of involvement or	use.					
From Date (Month/Year)	To Date (Month/Year)	Present				
Est.		∏ Est.				
Provide the month/year when this negative impact occurred.	Provide circumstances	5.		Provide negative in	ipact,	<u>'</u>
From Date (Month/Year)		•	ľ			
☐ Est.						
Entry #4 Provide the dates of involvement or	1100					
	To Date (Month/Year)	Present				
☐ Est.		Est.				
Provide the month/year when this	Provide circumstances			Provide negative in	nn ot	
negative impact occurred. From Date (Month/Year)	: Lipaine dicaustalice:	s.		· Linaine tieflatiae itt	ipaul.	
☐ Est.						
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - II	se of Alcohol - (Continu	ed)					
	you EVER been ordered,	· · · · · · · · · · · · · · · · · · ·	ak counseling	or treatment as a re-	sult of your use of	☐ YES	NO (If NO, proceed to 24.3
alcoh		. I Dec. I I a basel a base				<u></u>	
	e tollowing it you respond	en Yes to having been	ordered, advi	sed, or asked (0 see	counseling or treat	ment 85 a	result of your use of alcohol.
Entry #1	the following ordered, adv	sheet as asked you to a	ale accumable	a primategat as a s	and afternation of	alashali (C	had all that sould
•	•				·	alcunoir (C	neck an mar apply)
	loyer, military commander	, or employee assistanc	e program	A court official			
A medic	al professional				ordered, advised, or eatment by any of t		seek
A menta	il health professional	•			explanation) >		
Did you take	action to receive counsel	ling or treatment?			YES (If YES, con	npiele (b))	NO (If NO, complete (a))
(a) You re	sponded 'No' to having tal	en action to seek couns	seling or treat	ment. Explain the rea	sons for not taking	action to se	ek counseling or treatment.
Provide	explanation.						
	ponded 'Yes' to having ta		seling or treat	iment.			
	the dates of counseling of ate (Month/Year) Est.	or treatment, To Date (Month/Year)	Present	Provide the name of	of the individual cou	nselor or tr	eatment provider.
Provide Street	the full address for the co	ounseling/treatment prov City	ilder. (Provide	City and Country if outsi State	ide the United States; o Zip Code	therwise, pro	vide City, State and Zip Code)
Provide	telephone number.		Extension	International or C	OSN phone number		
Did you	successfully complete the	e treatment? YES	□ NO →	(Provide explanati	on) 🕨		
Entry #2	,				· ·		
	the following ordered, adv	rised, or asked you to se	ek counselin	g or treatment as a re	esult of your use of a	alcohol? (C	heck all that apply):
An emp	oyer, military commander	, or employee assistanc	e program · ·	- A court official	iudge · · · · · · · · · · · · · · · · · · ·		
_	al professional		•	l have not been	ordered, advised, o		saek
A menta	l health professional	,		counseling or tr	eatment by any of ti	he above	
Díd vou take	action to receive counsel	inc or treatment?			YES (If YES, con	npiele (b)!	NO (If NO, complete (a))
_			eling or freat	ment. Explain the rea			ek counseling or treatment.
	explanation.						
(b) Youres	ponded 'Yes' to having tal	ken action to seek couns	seling or treat	ment.			
	the dates of counseling of ate (Month/Year)	r treatment. To Date (Month/Year)	Present	Provide the name of	of the individual cour	nselor or tre	eatment provider.
Provide	the full address for the co	unsellng/treatment prov	<u> </u>	City and Country if outsi	de the United States; o	therwise, pro	vide City, State and Zlp Code)
Street		City		State	ZIp Code	Country	
Provide	telephone number.		Extension	☐ International or D ☐ Day ☐ Night	SN phone number	· · · · · · · · · · · · · · · · · · ·	
Did you	successfully complete the	treatment? YES	□ NO →	(Provide explanation	ın) 🕨	-	
						*	
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ter your Soc	ial Security Number t	pefore going to the r	next page			→	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

3 Have you EVER voluntarily sou	ight counseling or	treatment as	result of your use of al	icohol?	YES X NO (If NO. proceed
Complete the following if you respond	led 'Yes' to volunt	arily seeking c	ounseling or treatment.		
intry #1					
rovide the dates of counseling or tre	atment.		Provide the name of t	he individual counselo	r or treatment provider.
	o Date (Month/Year)	Present			
Est.		Est.			•
rovide the full address of the counse	eling/treatment pro	vider. (Provide	City and Country if outside !	the United States; otherwis	se, provide City, State and Zip Code)
treet	City		State	Zip Code	Country
			•		
rovide telephone number.		Extension	International or DSN	Labora gumbos	
	i		Day Night	huous ununce	
id you successfully complete the tre	atment? YE	5 <u> </u> NO-	(Provide explanation	1) }	
ntry #2					
rovide the dates of counseling or tre rom Date (Month/Year) To	eatment. o Date <i>(Month/Year)</i>) [T] b	Į.	he individual counselo	r or treatment provider.
	a Deta (Month Leaf			·	
☐ Est.		Est.			
rovide the full address of the counse treet	ling/treatment pro City	vider. (Provide	City and Country if outside t State	he United States; otherwis Zip Code	e, provide City, State and Zip Code) Country
neet	City		Jalate	Sib Code	1
rovide telephone number.	1	Extension	International or DSN	phone number	
<u> </u>			Day Night		
id you successfully complete the tre	atment? 🔲 YE	S NO-	Provide explanation) >	
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 24 - Use of Alcohol - (Continue	d)	•			
4.4 Have you EVER received counse you have already listed on this fo		rit of your use of alcohol in	addition to what	YES X	NO (II NO, proceed to Section 2
Complete the following if you responded	'Yes' to having EVER red	ceived counseling or treatm	ent as a result of yo	our use of alcoh	ol.
Entry #1					
Provide the name of the individual coun	selor or treatment provide	г.	-		
Name .					
Provide the full address of the counseling					/, State and Zip Code)
Street	City	State	Zip Code	Country	
					`
Provide the name of agency/organization Name	n where counseling/treatn	nent was provided.		•	
Provide the address of agency/organiza	tion where councilinatres	atment was provided (Design	do Olhe and Country it o	ustalda tha 1 Initad	Claine
otherwise, provide City, State and Zip Code)			•	ipiside ine Onked	Same as abou
Street	City	State _.	Zip Code	Country	
Provide the dates of counseling or treat					
	lend '	esent			•
Est.	Es	i.			
Did you successfully complete your cou	nseling or treatment?		YES (Provide	e explanation)	NO (Provide explanatio
Explanation			***		
Entry #2					
Provide the name of the individual coun Name Provide the full address of the counseling	·.		the United States; other	rwise, provide City	, State and Zip Gode)
Street	City	State	Zip Code	Country	
Provide the name of agency/organization Name	n where counseling/freatm	nent was provided.		· · · · · · · · · · · · · · · · · · ·	
Provide the address of agency/organiza	,	teent was resulted (P	d. Other and Country 25		Charles party
otherwise, provide City, State and Zip Code)	non where connsening/free	itinelit was brovided, (Frovi	de Chy and Godniry II d		Sistes: Same as abo
Street	City	State	Zip Code	Country	
		·			
Provide the dates of counseling or treatr					
		esent			
Est.	☐ Es	t.			
Did you successfully complete your cour	nseling or treatment?		YES (Provide	explanation)	NO (Provide explanation
Explanation					
	•				
				-	
			•		
•					069-68-8543
r your Social Security Number be	efore going to the nex	t page		→	003*0043

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record			
25.1 Has the U.S. Government (or a foreign gover a security clearance eligibility/access?	nment) EVER inv	restigated your background and/or granted you	X YES NO (If NO, proceed to 2
Complete the following if you responded 'Yes' to it granted you a security clearance eligibility/acces	ne U.S. Governn s.	nent (or a foreign government) having investiga	ated your background and/or having
Entry #1	•	•	
Provide the investigating agency:	,		
U.S. Department of Defense] U,S. Departme	nt of Homeland Security	
U.S. Department of State	Foreign govern	ment (Provide name of government) • Russia	
U.S. Office of Personnel Management	l don't know		
Federal Bureau of Investigation		e explanation) >	
U.S. Department of Treasury	, , , , , , ,		
Provide the name of agency that issued the clearan	ce eligibility/acce	ss if different from the investigating agency	
The same than an education of the same and same same same same same same same same		ussian Government	,
Date the investigation was completed (Month/Year)		Provide the date clearance eligibility/access was	a granted (the that are
Date the investigation was completed (world) really	I don't know	09/2010	[A] (doi!! iii
	Est.	08/2010	X Est.
Provide the level of clearance eligibility/access gran	ted:		·
None			
Confidential	L		
Secret	☐ I don't know		•
Top Secret	Issued by for	reign country	
Sensitive Compartmented Information (SCI)	Other (Providence)	de explanation) ▶ Tourist	
Entry #2			
Provide the investigating agency:			
] U.S. Denartmer	nt of Homeland Security	
		ment (Provide name of government) • Berlarus	
	l don't know · · ·		
	•		
	Other (Provide	e explanation) •	
U.S. Department of Treasury	o	of stee at the state of the sta	
Provide the name of agency that issued the clearant			1
		russian Government	
00/0040	X I don't know X Est.	Provide the date clearance eligibility/access was 10/2010	granted. (Month/Year)
Provide the level of clearance eligibility/access grant	ed:		
X None.	ΠQ		•
Confidential			•
Secret	I don't know		
Top Secret	Issued by for	elan country	
		e explanation) > Tourist	•
	(-3		
•			
•			
		•	
	•		
· _		•	
Enter your Social Security Number before goin	g to the next p	age	069-68-8543

QUESTIONNAIRE FOR

FR Paris 731, 732, an	nd 736	NATIONAL SE	CURITY POSIT	HONG
Section 25 - Invest	igations and Clearanc	e Record - (Continued)		
	Note: An administrative	arance eligibility/access authoriz downgrade or administrative ten		
Complete the follo	owing if you responded	Yes' to having EVER had a sect	urity clearance eligibilit	ty/access authorization denied, suspended, or revoked
Entry #1				
aligibility/access a	security clearance authorization was denie oked. (Manth/Year)	d, the action.	the agency that took	Provide an explanation of the circumstances of the d suspension or revocation action.
		Est.		
Entry #2	security clearance	Provide the name of	the agency that took	Provide an explanation of the circumstances of the d
	authorization was denie		the bigothay that took	suspension or revocation action.
•		m government employment?		YES NO (If NO, proceed to Sec
	owing if you responded '	Yes' to having EVER been deba	rred from government	employment.
Entry #1	of the government	Provide the date the debarm	ent occurred	Provide an explanation of the circumstances of the
agency taking del		(Month/Year)	but obcaned.	debarment.
			☐ Est.	
Entry #2				
Provide the name agency taking det	of the government carment action.	Provide the date the debarm (Month/Year)	ant occurred.	Provide an explanation of the circumstances of the debarment.
. •	·		☐ Est.	
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	I filed a petition under any cha	pter of the bankrupto	v cade?	☐ YES	X NO (If NO, proce	ed Io 26
Complete the following if you responded 'You				L,-1		
Entry #1			· · · · · · · · · · · · · · · · · · ·	1		
Select the applicable bankruptcy petition typ	ie. Pi	rovide the bankruptcy	court docket	account number.		
Chapter 7 Chapter 11	Chapter 13					
Provide the date bankruptcy was filed. (Month/Year)	Provide the date of ba discharge. (Month/Year)) Not	Applicable	Provide the total a dollars) involved in		
E	st.	Est.				Est
Provide the name debt is recorded under. Last name	First name		Middle na	me	Suffix	
Provide the name of the court involved.						· · · · · · · · · · · · · · · · · · ·
Provide the address of the court involved. (
Street .	City	State	Zip Code	Cauntry		
(a) If Chapter 13 previously selected:						
Provide the name of the trustee for this	pankruptcy.		•			
Devide the state of the Australia	Alder from the control of the contro					
Provide the address of the trustee for Street	this bankruptcy. (Provide City City	and Country if outside (hi	e United States; Zip Code	otherwise, provide City Country	y, State and Zip Code)	
		[5.515		[
Nere you discharged of all debts claimed in	the hankunter/2					
Provide Explanation.			☐ YES (F	Provide explanation)	NO (Provide et	k planatio
	•	•			•	
Entry #2				•		
Select the applicable bankruptcy petition typ	e	rovide the bankruptcy	court docket	account number, "		
Chapter 7 Chapter 11	Chapter 13					
rovide the date bankruptcy was	Provide the date of bar			Provide the total a	mount (in U.S.	
iled. (Month/Year)	discharge. (Month/Year)	-	Applicable	dollars) involved in	the bankruptcy.	
Es	t.	Est.				Est.
Provide the name debt is recorded under. ast name	. First name	•	Middle na	ne	Suffix	
rovide the name of the court involved						
ravide the name of the court involved.						
	Provide City and Country if nutside	the United States: other	ulse provirie Cli	v. State and Zin Codel		
rovide the address of the court involved. ()	Provide City and Country if outside City	the United States; otherv	wise, provide Cli Zip Cade	y, State and Zip Code) Country		
rovide the address of the court involved. (
rovide the address of the court involved. (I						
rovide the address of the court involved. (I	City					
Provide the address of the court involved. (Intreet a) If Chapter 13 previously selected: Provide the name of the trustee for this to	City pankruptcy.	State	Zip Gade	Country		
rovide the address of the court involved. (I treet	City pankruptcy.	State	Zip Gade	Country		
Provide the address of the court involved. (Intreet a) If Chapter 13 previously selected: Provide the name of the trustee for this to the address of the trustee for Street	City Dankruptcy. this bankruptcy. (Provide City a	State State and Country if outside the	Zip Code	otherwise, provide City Country	r, State and Zip Code)	
Provide the address of the court involved. (Instreet a) If Chapter 13 previously selected: Provide the name of the trustee for this to the address of the trustee for Street Vere you discharged of all debts claimed in	City Dankruptcy. this bankruptcy. (Provide City a	State State and Country if outside the	Zip Code	Country Country		pianation
Provide the address of the court involved. (Instruction of the court involved. (Instruction of the court involved. (Instruction of the court involved.) Provide the name of the trustee for this the court involved in the address of the trustee for Street.	City Dankruptcy. this bankruptcy. (Provide City a	State State and Country if outside the	Zip Code	otherwise, provide City Country	r, State and Zip Code)	pianation
Provide the address of the trustee for	City Dankruptcy. this bankruptcy. (Provide City a	State State and Country if outside the	Zip Code	otherwise, provide City Country	r, State and Zip Code)	planation

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)		•
26.2 Have you EVER experienced financial problems due to gambling?	YES	X NO (If NO, proceed to 26.3
Complete the following if you responded 'Yes' to having EVER experienced financial problems due to gambling	g.	
Entry #1		
Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S.	3. dollars) of gam	biling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present		
Est. Est.		
Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify a description of your actions. If you have		
	:	
Entry #2	•	
Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S.	S. dollars) of gam	bling losses incurred.
From Date (Month/Year) To Date (Month/Year) Present		
Est. Est.		
Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify a description of your actions. If you have		
26.3 In the past seven (7) years have you falled to file or pay Federal, state, or other taxes when required b law or ordinance?	y TES	NO (If NO, proceed to 26.4
Complete the following if you responded 'Yes' to having failed to file or pay Federal, state, or other taxes when	required by law	or ordinance.
Entry #1		
Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federa	, state, or other t	axes.
File Pay Both		☐ Est.
Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes.		pe of taxes you failed to file o property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year) Est.	Not Applic Est.	able
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and taken any action(s) provide explanation.	amount of payme	ents, etc.). If you have not
Entry #2		
Did you fail to file, pay as required, or both? Provide the year you falled to file or pay your Federal	, state, or other to	exes.
File Pay Both		☐ Est.
Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes.		pe of taxes you falled to file o property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)	Not Applic	able
Est.	Est.	
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and taken any action(s) provide explanation.	amount of payme	ents, etc.). If you have not
nter your Social Security Number before going to the next page	→ [069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Reco	rd - (Continued)				
agreement for a trav	7) years have you been el or credit card provide	d by your employer?			ES NO (If NO, proceed to 26.5
Complete the following if your opposited by your employer		izving been counseled,	warned, or disciplined	for violating the terms of ag	greement for a travel or credit ca
Entry #1					
Provide the name of the ag	јепсу ог сотрапу.				
Provide the address of the Street		<i>rovide City and Country if o</i> City	utside the United States; o State	otherwise, provide City, State and Zip Code Coun	
5,100					1
Provide the date of your co	unseling, warning, or di	•	h/Year) Provide the	reason(s) for the counseling	, warning, or disciplinary action
Provide the amount (in U.S of violation,		Provide a description o action(s) provide expla		ve taken to rectify this situat	ion. If you have not taken any
	Est.				
Entry #2	.•				
Provide the name of the ag	ency or company.		٠,	ſ	,
				otherwise, provide City, State and	
Street		City	State	Zip Code Count	lry
Provide the date of your co	usealing waming or di	ecinlinent action (44-44	bota - Drovide the	reason(s) for the counceling	, warning, or disciplinary action
			Est.		
Provide the amount (in U.S of violation.		Provide a description o action(s) provide expla		ve taken to rectify this situat	ion. If you have not taken any
	Est.	•	•		
resolve your financia	I difficulties?		•		ES · NO (If NO, proceed to 26,6
Complete the following if your resolve your financial diffici		eing currently utilizing,	or seeking assistance	from, a credit counseling se	ervice or other similar resource to
Entry #1		•			
Provide explanation.			Provide the name of	the credit counseling organ	ization or resource.
Provide the telephone num	ber of the credit counse	ling organization.	<u> </u>	Provide the location of the	he credit counseling organization.
Telephone number	Extension) fraud	OSN phone number:	City	State
As a result of this counselln	novide a description	Day Night	ve taken to resolve v	our financial difficulties. If yo	u have not taken any action(s),
provide explanation.	B. blosing a gescription	or pity boundary you in	ive islant to resulte ye	ou mphoisi amaames, it ya	a days not least only solicity,
•					
Entry #2					
			Provide the name of	the credit counseling organ	zation or resource.
			Provide the name of	the credit counseling organi	ization or resource.
Provide explanation. Provide the telephone number				Provide the location of the	ne credit counseling organization.
Provide explanation. Provide the telephone number	ber of the credit counse Extension	International or I	Provide the name of DSN phone number		
Provide explanation. Provide the telephone number	Extension	International or Day Night	OSN phane number	Provide the location of the City	ne credit counseling organization.
Provide explanation. Provide the telephone number Telephone number As a result of this counselin	Extension	International or Day Night	OSN phane number	Provide the location of the City	ne credit counseling organization. State
Provide explanation. Provide the telephone number Telephone number As a result of this counselin	Extension	International or Day Night	OSN phane number	Provide the location of the City	ne credit counseling organization State

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued) Other than previously fisted, have any of the following happened to you? (You will be asked to provide YES X NO (If NO, Proceed to 26,7) details about each financial obligation that pertains to the items identified below) - In the past seven (7) years, you have been delinquent on alimony or child support payments. - In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner - in the past seven (7) years, you had a lien placed against your property for falling to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #1 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) NO (If NO, Proceed to 26.7) In the past seven (7) years, you have been delinquent on alimony or child support payments. In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the past seven (7) years, you had a lien placed against your property for falling to pay taxes or other debts. (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Identify/describe the type of property involved (If any). Provide the associated loan/account number(s) involved, Provide the amount (In U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Est. Provide the date the financial Provide the name of the court involved. Provide date the financial issue issue began. (Month/Year) was resolved. (Month/Year) Not Resolved Est. Est Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation. 069-68-8543 Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued			1::11::11:	<u> </u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Complete the following if you answered 'Ye	s' to having exp	perienced one or mor	e of the previous	y stated financia	al Issues,	
Entry #2						
Provide the name of agency/organization/ii	ndividual to whic	h debt is/was owed.				
Did/does this financial issue include any of	the following? (Check all that apply)	**************************************		YES NO	f NO, Proceed to 26.7)
In the past seven (7) years, you have	been delinquen	t on alimony or child:	support payments	5.		
in the past seven (7) years, you had a for which you were a cosigner or guara		ed against you, (Incl	ide financial oblig	gations for which	1 you were the sale deb	otor, as well as those
In the past seven (7) years, you had a you were the sole debtor, as well as the				es or other debi	ls. (Include financial ob	ligations for which
You are currently delinquent on any Fe cosigner or guarantor).	deral debt, (inclu	ude financial obligatio	ns for which you	are the sole de	btor, as well as those fo	r which you are a
Provide the associated loan/account number	er(s) involved.	Identify/describe the	type of property	involved (if any).	
Provide the amount (in U.S. dollars) of the	1	Provide the reason(s) for the financia	i Issue. Prov	vide the current status of	of the financial issue.
	Est.					
Provide the date the financial issue began, (Month/Year)			Not Resolved	Provide the n	ame of the court involve	ed.
	Provide City and C	l. Country if outside the Unit		, provide City, Sta	le and Zip Code)	
Street	City		State	Zip Code	Country	
Provide a description of any action(s) you h	ave taken to sa	tisfy this debt (such a	s withholdings, fr	equency and ar	nount of payments, etc). If you have not
taken any action(s), provide explanation.	100 A co. 2 co. 1 co. 1 d. 1	(,	adamin's circ of	Marita of Polymania, and	in i you that
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	began, (Month/Year) was resolved. (Month/Year) Not Resolved Est. de the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) City State Zip Code Country de a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not					
·	e the financial Provide date the financial issue Provide the name of the court involved. Country Provide the name of the court involved.					
		·				
	-	•				
		-				
		•				
ter your Social Security Number befo	re anina to th	e next nage			. 0	69-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Financial Record - (Continued)				
26.7 Other than previously listed, have any of t	ie following happen	ed?	YES	NO (If NO, proceed to Section 2
- In the past seven (7) years, y	ou had any possess clude financial oblig	sions or property voluntarily or involuntari ations for which you were the sole debto	ly	MO (II NO, proceed to Section 2
- In the past seven (7) years, y	ou defaulted on any	type of loan? (Include financial well as those for which you were a		
 In the past seven (7) years, y (include financial obligations for 	r which you were th	s turned over to a collection agency? e sale debtor, as well as those for which		
	ou had any account greed? (include fina	or credit card suspended, charged off, or ancial obligations for which you were the cosinner or quarantor)	r	
- In the past seven (7) years, y	ou were evicted for		di .	
- In the past seven (7) years, y	rancial obligations for	120 days delinquent on any debt not or which you were the sole debtor, as we	II.	
- You are currently over 120 day	s delinquent on any	debt? (Include financial obligations for which you are a cosigner or guarantor)		•
Complete the following if you answered 'Yes' to	having experienced	one or more of the previously stated fina	ncial issues.	,
Entry #1				
Provide the name of agency/organization/individe	ual to which debt is/	was owed.		
Didden M. F. J. L.	Haveland (Ohanh all			
Did/does this financial issue include any of the fo	llowing? (Check all	mat apply)	YES	NO (If NO, proceed to Section 27)
In the past seven (7) years, you had any po for which you were the sole debtor, as well a			i or foreclos	ed? (Include financial obligations
In the past sevan (7) years, you defaulted of which you were a cosigner or guarantor)	n any type of loan?	(include financial obligations for which ye	ou were the	sole debtor, as well as those for
In the past seven (7) years, you had bills or as well as those for which you were a cosign	debts turned over to er or guarantor)	o a collection agency? (Include financial	obligations f	or which you were the sole debtor,
in the past seven (7) years, you had any ac obligations for which you were the sole debto	count or credit card r, as well as those f	suspended, charged off, or cancelled for or which you were a cosigner or guarante	failling to pa or)	y as agreed? (Include financial
in the past seven (7) years, you were evicted	d for non-payment?	· ,		
In the past seven (7) years, you had your w	ages, benefits, or as	sets gamished or attached for any reaso	n?	
In the past seven (7) years, you have been were the sole debtor, as well as those for whi			l? (Include fi	nancial obligations for which you
You are currently over 120 days delinquent of are a cosigner or guarantor)	n any debt? (Include ,	e financial obligations for which you are t	he sale debi	or, as well as those for which you
Provide the associated (oan/account number(s) in	nvölved. Identify/d	lescribe the type of property involved (If a	any).	
Provide the amount (in U.S. dollars) of the finance	al issue. Provide i	he reason(s) for the financial issue. F	rovide the c	urrent status of the financial issue.
Provide the date the financial issue began. (Month	/Year)	Provide date the financial issue was re	solved. (Mon	ith/Year) Not Resolved
	Est.			Est.
Provide a description of any action(s) you have taken any action(s), provide explanation.	iken to satisfy this d	ebt (such as withholdings, frequency and	amount of	payments, etc.). If you have not
		•		
		·		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3208 0005

Section 26 - Financial Record - (Continued) Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #2 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) X NO (If NO, proceed to Section 27) In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a coalgner or guarantor) In the past seven (7) years, you were evicted for non-payment? In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason? In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor) You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor) Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the reason(s) for the financial issue.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not

Est.

Provide date the financial Issue was resolved. (Month/Year)

Provide the amount (in U.S. dollars) of the financial issue.

Provide the date the financial issue began. (Month/Year)

taken any action(s), provide explanation.

Provide the current status of the financial issue.

Not Resolved

Est.

Standard Form 96 Revised December 2010

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

069-68-8543

L.S. Office of Personnel Managament CFR Parts 731, 732, and 738	NATIONAL SECURI	TY POSIT	TONS	
Section 27 - Use of Information Technology Sy	stems			
We note, with reference to this section, that neithe evidence against you in a subsequent criminal progovernment. The following questions ask about you hardware, software, firmware, and data used for the	oceeding. As to this particular sections of information technology s	ion, this applies systems. Inform	whether or not you retion technology sy:	are currently employed by the Federal stems include all related computer
27.1 In the last seven (7) years have you ille access any information technology syste		on accessed or	attempted to	YES NO (If NO, proceed to 27.2)
Complete the following if you responded 'Yes' i any information technology system.	o having in the last seven (7) yea	ars illegally or v	vithout proper author	rization entered or attempted to enter int
Entry #1	Provide a description of the nati			
Provide the date of the incident. (Month/Year)	1	ura of the tucid	ent or onense.	
Provide the location where the incident took pla Street	ce. (Provide City and Country if outside City	the United States State	s; otherwise, provide City Zip Code	y, State and Zip Code) Country
				1
Provide a description of the action (administrati	ve, criminal or other) taken as a re	sult of this inci	dent.	
Entry #2				,
Provide the date of the incident. (Month/Year) Est.	Provide a description of the nati	ure of the Incid	ent or offense.	
Provide the location where the incident took pla	_1			
Street	City	State	Zip Code	Country
Provide a description of the action (administrati	ve, criminal or other) taken as a re	sult of this incl	dent.	
17.2 In the last seven (7) years have you ille denied others access to information resid above?				YES NO (II NO, proceed to 27.3)
Complete the following if you responded 'Yes' to denied others access to information residing on				
Entry #1				
Provide the date of the incident. (Manih/Year)	Provide a description of the natu	ire of the incide	ent or offense.	
Provide the location where the incident took pla				and the second s
Street	City	State	Zip Code	Country
Provide a description of the action (administration	ve, criminal or other) taken as a re	sult of this incid	ient.	
F-1 49				
Provide the date of the incident. (Month/Year)	Provide a description of the natu	re of the incide	ent or offense;	
Est.				
Provide the location where the incident took pla			; atherwise, provide City Zip Code	
Street	City	State	Zip Code	Country
Provide a description of the action (administration	ve, criminal or other) taken as a re	sult of this incid	lent.	
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. QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

7.3	In the last seven connection with a by rules, procedu	ny informatio	n technolog	oduced, removed, ly system without a tions or attempted	authorization, v	vhen specifica	or media in ally prohibited	YES	X NO (II N	O, proceed to Sectio
conne	plete the following i ection with any info opted any of the ab	rmation tech	ded 'Yes' to nology syste	having in the las am without author	t seven (7) ye zation, when s	ars introduced pecifically pro	f, removed, or hibited by rule	used hardwis, procedure	are, software, s, guidelines,	or media in or regulations or
Entry	/ #1					· · · · · · · · · · · · · · · · · · ·				The state of the s
	de the date of the I	ncident. (Ma	nth/Year)	Provide a descri	otion of the nat	ure of the Incl	dent or offens	9,		
Provid	de the location whe	ere the Incide	nt took plac	e. (Provide City and City	Country if outside	the United State	es; oiherwise, pr Zip Code	ovide City, Stat		· · · · · · · · · · · · · · · · · · ·
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Entry								· · · · ·		
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	nt in Non-Criminal Court						···
s form?	s, have you been a party to						(If NO, proceed to Section
en (10) years.	g if you responded 'Yes' to	having been a party to any	public record civil o	ourt actio	n(s) not list	ed elsewhere	on this form in the las
intry #1	- 1.1) - 11 - 12 - 13	Clearling this south some	·				
tovide the date of th	e civil action. (Month/Year)	Provide the court name	•				
Provide the address of Street	f the court. (Provide City and C	Country if outside the United State Oity	es; otherwise, provide State	City, State Zlp Cod		e) Country	
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rovide details of the	nature of the action.	Provide a description of	the results of the	action.	Provide t involved	he name(s) of in the court ac	the principal parties tion.
intry #2							
rovide the date of the	e civil action. (Month/Year)	Provide the court name,					
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Provide details of the	nature of the action.	Provide a description of	the results of the	ction.	Provide (i	ne name(s) of in the court ac	the principal parties
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

CFR Parts 731, 732, and 736	NATIONAL	SECURITY PUSIT	IONS		
Section 29 - Association Record			·		
The following pertain to your associal adverse employment, security, or credengerous to human life and appear coercion, or to affect the conduct of a	edentialing decision. For the purpos to be intended to intimidate or coe	se of this question, terrorism rce a civilian population to i	i is defined as any offuence the policy	criminal acts	that involve violence or are
	VER been a member of an organization's dedication to that end, or with			YES	NO (If NO, proceed to 29.2
	conded 'YES' to being or ever havin at end, or with the specific intent to		anization dedicate	d to terrorism	n, either with an awareness o
Entry #1					
Provide the full name of the organ	ization,				
	e organization. (Provide City and Coun			_	Code)
Street	City	State	Zip Code	Country	
Provide the dates of your involven From Date (Month/Year)	nert with the organization. To Date (Month/Year) Present Est.	Provide all positions held i	in the organization,	if any.	No positions held
Provide all contributions made to to organization, if any.	he No contributions made	Provide a description of th organization.	e nature of and rea	sons for you	r Involvement with the
Entry #2					
Provide the full name of the organ	ization.				
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Street	City	State	Zip Code	Country	
Provide the dates of your involvem From Date (Month/Year)	nent with the organization. To Date (Month/Year) Present	Provide all positions held i	n the organization,	if any.	No positions held
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Provide all contributions made to to organization, if any.	he No contributions made	Provide a description of th organization.	e nature of and rea	asons for you	r invalvement with the
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

3.2 Have you EVER knowingly engaged in any acts of terrorism?	T VEC STAID #240	
	☐ YES 🗓 NO (II NO, proce	1ea to 21
Complete the following if you responded 'Yes' to EVER having knowlngly engage	ged in any acts of terrorism.	
Entry #1 Describe the nature and reasons for the activity.	Provide the dates for any such activities.	
		Prese
	☐ Est.	Est.
Entry #2		
Describe the nature and reasons for the activity.	Provide the dates for any such activities. From Date (Month/Year) To Date (Month/Year)	-
	From Date (Month/Year) To Date (Month/Year)	Prese
2.3 Have you EVER advocated any acts of terrorism or activities designed to force?		Est. ed to 29
Complete the following if you responded 'Yes' to having EVER advocated any a force.	acts of terrorism or activities designed to overthrow the U.S. Government	ment by
Entry #1		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.	-
	1	Pres
	Est.	Est.
Entry #2		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism. From Date (Month/Year) To Date (Month/Year)	٦
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

sclon 2s - Association Record - (Continued) A Have your EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in additional to the red with an enverences of the cognization's declaration to that and or with the specific intent to that end had within a registration of declaration to that and or with the specific intent to that reach additional to the use of violence or force to overthrow [Littled States Covernment, and which unspect of a native state of the organization of the organization.] Provide the address/flocation of the organization. Provide the address/flocation of the organization. Provide the detect of your involvement with the organization. Provide all contributions made to the organization. Provide all contributions made to the organization. Provide all contributions made to the organization. Provide the address/flocation and the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. Provide the dates of your involvement with the organization. To Date (Month/war) Present								
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

9.5	n 29 - Association Record Have you EVER been a m		anization that advo	cates or pract	ices commissi	on of acts of force	□ YE	S X NO (If NO, proceed to
	or violence to discourage of United States with the spe	others from exe	rcising their rights w					X X NO (II NO, process to
force	plete the following if you res or violence to discourage on a action.	ponded 'Yes' to thers from exer	being or EVER have clsing their rights un	ving been a mider the U.S. t	ember of an o Constitution or	rgenization that a that of any state	dvocates or of the U.S. w	practices commission of ac tith the specific intent to fur
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Entry	<u> </u>					<u> </u>		•
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	ide the dates of your involved Date (Month/Year)	ment with the of To Date (Month		1	ositions held	in the organizatio	n, ir any.	No positions held
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QUESTIONNAIRE FOR

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Complete the following if y	ou responded "	es' to having E	VER knowingly and	paged in ac	ctivities designed to a	verthrow the	U.S. Gove	rnment by fo	irce.
Entry #1									
Describe the nature and re	asons for the ac	ctivity.			Provide the dates o From Date (Month/Y			/Manib Mand	-
			·		Trom Date (Month)		10 Date	(Month/Year)	Pres
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Entry #2 Describe the nature and re	acone for the ac	sthelia			Provide the dates of	Found nother	ilaa		
pastiles lie lielate atio te	gadila iði 1916 g r	ouvity.			From Date (Month/Y			(Month/Year)	Pres
						☐ Est.			Est.
7 Have you EVER ass	ociated with an	vone involved in	activities to further	terrorism?	<u> </u>		YES	□ NO	
Complete the following if y						n further ten		-:	
	od responded	les (O lisanid r	A EL ESSOCIATED WI	in anyone	HIVOIVES III ACIVILES	to fulfile; ter	OHSHE,		
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Entry #2								·	
Provide explanation.	· · · · · · · · · · · · · · · · · · ·								
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space ·	
Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13: Use the space below to contilitems, if additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each bla answer, identify the number of the item and attempt to maintain sequential order and question format.	nue answers, to all other ink sheet (s). Before each
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After completing this form and any attachments, you should review your answers to all questions to make sure the for and then sign and date the following certification and the attached release(s). Certification My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and believe carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on time or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information or my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance from Federal service.	ef and are made in good faith. I his form can be punished by tion may have a negative earance, or my removal and
Signature (Sign In Ink)	Date signed (mm/dd/yyyy) 07/15/2015
Enter your Social Security Number before going to the next page	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I Authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I Authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I Authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in inle)	Full name (Type of Jason Leidern			Date signed (mm/dd/yyyy) 07/15/2015
Other names used Jay Leiderman	•		Date of birth 04/12/1971	Social Security Number 069-68-8543
Current street address Apt. # 5740 Ralston St ste 300	City (Country) Ventura	. State CA	Zip Code 93003	Hame telephone number (805) 861-8282

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3286 0005

Date signed (mm/dd/yyyy)

069-68-8543

07/15/2015

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

Enter your Social Security Number before going to the next page

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

Signature (Sign in ink)

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management, I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Jason Leiderman

Full name (Type or print legibly)

Other names used Jay Leiderman				Social Security Number
Current street address Apt. #	City (Country)	State	Zip.Code	Home telephone number
5740 Ralston St ste 300	Ventura	CA	93003	(805) 861-8282
For Use By Practitioner(s) Only				
Does the person under investigation safeguard classified national securi		pair his or her ju	udgment, reliabl	ity, or ability to properly
☐ YES ⊠ NO				•
If so, describe the nature of the con	dition and the extent and durati	on of the impair	ment or treatme	nt,
•	•		· · · · · · · · · · · · · · · · · · ·	•
What is the prognosis?				
Dates of treatment?			•	
•				
Signature (Sign in ink)	Practitioner nam	e	· · · · · · · · · · · · · · · · · · ·	Date signed (mm/dd/yyyy)
	•			

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print Name Jason Leiderman	1-	•	Social Security Number 069-68-8543
Signature (Sign in ink)	May 5	,	Oate signed (mm/dd/yyyy) 07/16/2015
	7		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

LOCATION CODES										
Alabama	Al.	Hawaii	н	Massachusetts	MA	New Mexico	NM	South Dakota	SD	
Alaska	AK	ldaho	ID	Michigan	MI	New York	NY	Tennassee	TN	
Arizona	AZ	filinois .	IL.	Minnesota	MN	North Carolina	NC	Texas	TX	
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT	
California	CA	lowia	IA.	Missouri	MO	Ohlo	OH	Vermont	VT	
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA	
Connecticut	CT	Kentucky ·	KY	Nebraska	NE	Oregon	OR	Washington	WA	
Delaware	DE	Louisiana	ŁA'	Nevada	NV	Pennsylvania	PA	West Virginia	WV	
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI	
Florida Georgia	FL GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY	
American Samoa	AS	Johnson Aloli	JO	Midway Islands	MQ	Palmyra Afoli	LQ	Wake Island	WQ	
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	PR	APO/FPO America	AA	
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United	VI	APO/FPO Europe	AE	
Howland Island	HQ	Micronesia, Federated	FM	Palau	PW	States		APO/FPO Pacific	AP	
Jarvis Island	DQ	States								
	PUBLIC BURDEN INFORMATION									

Public burden reporting for this collection of Information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E. Street N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

AGENCY USE BLOCK	"AUB"								Katual y i Kalakiska	
Investigating agency user only	у	Codes: (FIP	C CODE	CODES) Case Number:						
FOR COMPETITIVE SER' IN THE HIRING PROCES DISCREPANT DOCUMEN	S APPEARS TO E	BE DISCRE	PANT W	ITH INFOR	NOITAM	PROVID	ED ON 1	THIS QUE	STIONNA	
A Type of investigation B	B Extra coverage/Adv	ance results	C Sens	illvity level	Compu/AE	P D Ac	cess/Eligi	bility	E Nature	of action code
F Date of action (Month/Day/Ye	ear) G Geographic	location	H Positi	on code	I Position	title			a) NOS L	ubmitting Office Number)
K Location of official personn		None NPRC	At See-Of		Other Othe	er address	s/Web add	lress of e-C	OPF -	Zip Cade
L SOI (Security Office Identifier)			None NPI	Ot	her	er address		,		Zip Code
N IPAC	O Treasury Accou	int Symbol		P Obliga	ing docume	ent numbe			s Event Ty	
R Accounting data and/or Age	ency case number						S Inves	tigative req	ulrement	Initial Reinvestigation
T Requesting official - Name		Title					Signature			
Email address					-	Teleph	one numb	er (Include i	Ext.) D	ate (Month/Day/Year)
U Secondary requesting offici	al - Name			J ^T	itie				:	
Email address		Telep	hone nun	nber (include	Ext.) V A	pplicant a	affiliation	FEC	CIV	CON Other
W Deployment/PCS - (Do not p Location (if imminent)	provide deployment data	a if Classified or	Sensitive I	information)						
From (Month/Day/Year)	Est. To (Month)	/Day/Year)	Est. Perma	nent Reloca		san(s) fo	r temporai	y duty assi	Ignment or I	PCS
Point of contact at location	Telephone numb	er (Include Ext.,	Addr	ess/Unit/Du	ty location (Include Cli	ly or Post N	ame)		
Commercial and Government I	Entity (CAGE) Code		Cont	ract Numbe	r				,	
Agency Special Instructions for	r the Investigative Se	rvice Provide	г.							

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING. THE PRECEDING INSTRUCTIONS. I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject XYES NO to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service. Section 1 - Full Name Provide your full name, if you have only initials in your name, provide them and indicate "Initial only", if you do not have a middle name, indicate "No Middle Name", if you are a "Jr.," "Sr.," etc. enter this under Suffix. Last name First name Middle name Suffix Leiderman Jason Scott Section 2 - Date of Birth Section 3 - Place of Birth Provide your date of birth. Provide your place of birth. (Month/Dav/Year) County State Country (Required) Queens New York (Queens) nν United States 04/12/1971 Section 4 - Social Security Number Provide your U.S. Social Security Number. 069-68-8543 Not applicable Section 5 - Other Names Used Have you used any other names? X YES NO (If NO, proceed to Section 6) Complete the following if you have responded 'Yes' to having used other names. Provide your other name(s) used and the period of time you used it/them [for example: your malden name(s), name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only," If you do not have a middle name (s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," atc. enter this under Suffix. #1 | asl name First name Middle name Suffix Leiderman Jay. From (Month/Year) To (Month/Year) Maiden name? Provide the reason(s) why the name changed | Present Nickname 01/1971 07/2015 YES X NO ☐ Est. Est. Middle name Suffix #2 Last name First name To (Month/Year) From (Month/Year) Malden name? Provide the reason(s) why the name changed Present TYES NO M Est. ☐ Est. Suffix #3 Last name First name Middle name From (Month/Year) Malden name? Provide the reason(s) why the name changed To (Month/Year) Present TYES TNO Est. Est. #4 Last name First name Middle name Suffix From (Month/Year) Maiden name? Provide the reason(s) why the name changed To (Month/Year) Present TYES TNO Est, Est. Section 6 - Your Identifying information Provide your identifying information. Hair color Eye color Weight (in pounds) Height Sex Female 5 Brown Blue 10 170 X Male (inches) (feet) 069-68-8543 Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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Section 7 - Your Contact Information				•				
Provide your contact information.			Work e-mail					
Home e-mail address	I		jay@crimi		r.me			
International or DSN phone number	Internation	onal or DSN ph			1	ernational or 1	OSN nhone	number
Hame telephone number Extension Day	Work teleph		Extension	X Day	1	/Cell telepho:	•	
(805) 861-8282 X Night	(805) 654		24	⊠ Night	1	861-8282	}	☐ Night
Section 8 - U.S. Passport Information			L					
Do you possess a U.S. passport (current or expire	d)?					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
X YES NO (If NO, proceed to Section 9)						•		
Provide the following information for the most rece								
Passport number Issue da 448919031 07/15/3	ote (Month/Day/ 2008	Year) Expiration	on date _{(Mont} 2018	h/Day/Year)	The follo	owing link will t help. <u>http://t</u>	provida U.S ravel.state.c	S. State Department 10y/passport
Provide the name in which passport was first issue	ed.							
Last name	First name				lddle nan	ne		Suffix
Leiderman	Jason .				cott			
Section 9 - Citizenship		:				•		,
Select the box that reflects your current citizenship			***					
I am a U.S., citizen or national by birth in the to (Proceed to Section 10)	J.S. or U.S. tei	ritory/common	veaith,	lam	a natural	ized U.S. citi:	zen, (Comple	ete 9.2)
i am a U.S. citizen or national by birth, born to (Complete 9.1)	o U.S. parent(s	s), in a foreign o	ountry.	lam	not a U.S	3. citizen. (Co	mplete 9.3)	
9.1 Complete the following if you answered that	t you are a U.S	3. citizen or na	tional by bir	th, born to l	U.S. pare	ent(s) in a fo	reign coun	try.
Provide type of documentation of U.S. citizen by FS240 or FS545 DS 1350		ovide explanatio	n) >					
Provide document number for U.S. citizen born	abroad.	,Provide the d	ate the docur	ment was Iss	ued. (Ma	nth/Day/Year)		
					•	Est.		
Provide the place of issuance. (Provide City and C			; olherwise, pri	ovide City and	State.)			
City	State	Country						
Provide the name in which document was issue	d d	<u> </u>						
Last name	First name	•		, Mi	iddle nan	ne		Suffix
Provide your citizenship certificate number.	Provide the r	name of the cou	ırt that issued	l the citizens	hip certif	îcate.		
Provide the address of the court that issued the	citizenship cer	tificate.						
Street			City				State	Zip Code
Provide the name in which the certificate was iss	sued. , First hame	*		8.45	- -			C45.
Last name	First name			I WIL	iddie nan	16		Suffix
Provide the date the certificate was issued. (Mon.	th (Davidson)	Were you born	00 0 II C m	ilitaar factali	rtion?	Duna dala Man	un no no th	
Flovide the date the Certificate was issued, (Mon.	Est.	YES				Provide the	name or in	e dase.
						l		
	•			•				
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•								
•	•					,		····
inter your Social Security Number before of	ning to the r	ext page _				1	06	9-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

9.2 Complete the following if you answ Provide the date of entry into the U.S.				<u>.: </u>		
Brouden the date of actor total to 11 C	ered that you are a n	aturalized U.S. citi	zen.			
(Mon(h/Day/Year)		cation of entry Into t			ı	·····
Provide country(les) of prior citizenship. #1 Country			#2 Country			
Oo/did you have a U.S. alien registratio YES Provide you	n number? ır U.S. əlien registrati	on number.				
Provide your cilizenship certificate number.	Provide the date issued. (Month/t	e the citizenship cer Day/Year)		Provide the name of the certificate.	court that issu	ed the citizens
Provide the address of the court that iss Street	sued the citizenship o	ertificate.	City		State	Zip Code
Provide the name in which the cilizensh Last name	nip certificate was lss First name			Middle name		Suffix
Provide your naturalization certificate nu	umber.	Provide the date	the naturalization	certificate was issued. (Month/Day/Year	,
Provide the name of the court that issue naturalization certificate,	ed the Provide th Street	e address of the co	urt that issued the City	naturalization certificate.	State	Zip Code
Provide the name in which the naturalizates and a provide the naturalizates.	ation certificate was i First name			Middle name	.le	Suffix
Provide the basis of naturalization. Based on my own individual natural By operation of law through my U.S.		. Other (I	Provide explanation	1) >		
9.3 Complete the following if you answer	ered that you are not	a U.S. Citizen.			1	
Provide your residence status. Prov	ride your date of entr	y in the U.S. (Manth)] Est.	· · · · · · · · · · · · · · · · · · ·	
			#2 Country			
Provide country(les) of prior citizenship. 11 Country		1	-			
Provide your place of entry in the U.S.		State	-		·	·
Provide your place of entry in the U.S.	Provide type of do	State	94, etc.) Other (Provide exp	ianation) 🕨		
Provide your place of entry in the U.S. Dity Provide your alien registration number.	Provide type of d	State	Other (Provide exp		ion date of vis	
Provide your place of entry in the U.S. City Provide your alien registration number. Provide document number. Provide the name in which the documen	Provide type of d	State ocument Issued. (I- U.S. Visa document was Issue	Other (Provide exp ed (Month/Day/Year		ion date of vis	a. <i>(Month/Day</i> Suffix
Provide country(les) of prior citizenship. Provide your place of entry in the U.S. City Provide your alien registration number. Provide document number. Provide the name in which the document ast name	Provide type of do	State ocument Issued. (I- U.S. Visa document was Issue	Other (Provide exp ed (Month/Day/Year	Provide the expirat	ion date of vis	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

		Passport Information	on						
ection 10 - Dual/Multi	ple Citizenship & Foreign								
.1 Do you now or hav	e you EVER held dual/multi	ple citizenships?		•	*	YES	X NO	(If NO, proceed	to 10.2)
Complete the following	ng If you answered 'Yes' to h	aving EVER held du	al/multiple	e citizenship.					
Entry #1									
Provide country of cit	izenship.			During what pe (Provide the dat was acquired th	e range th	at you held th	is cilizensi	hip, beginning	with the date
How did you acquire t	his non-U.S. cilizenship you	ποw have or previou	sly had?	From Date (Mor		Est.		(Month/Year)	Prese
Have you taken any a	action to renounce your forei	gn citizenship?					•		
YES NO	Provide explanation:								
Do you currently hold	citizenship with this country	?		·					
YES NO	Provide explanation:			_					
Entry #2						<u> </u>			
Provide country of cit	zenship.			During what per	riod of time	a did you hole	d citizensi	hip with this co	ountry?
				(Provide the dat					
How did you acquire t	his non-U,S, citizenship you i	now have or previous	sly had?	was acquired the From Date (Mor	_	erminalion or '		whichever is a (Month/Year)	
•	, ,			i veni bate pilo	idin i buil	☐ Est.	10000	fisterittis i cost	Prese
Have vou taken anv a	iction to renounce your forely	on cilizenship?					L		
	Provide explanation:	g., g.,,,,							
TYES NO									
		?	·						
	citizenship with this country'	?							
Do you currently hald	citizenship with this country Provide explanation:				11.00				
Do you currently hald	citizenship with this country'		by a cour	ntry other than the	⊋ U.S.?	YES	X NO (II	NO. proceed to) Section 11)
Do you currently hold YES NO 2 Have you EVER be	citizenship with this country Provide explanation:	entity card for travel)							o Section 11)
Do you currently hold YES NO 2 Have you EVER be	citizenship with this country Provide explanation: ean issued a passport (or ide	entity card for travel)							o Section 11)
Do you currently hold YES NO 2 Have you EVER be Complete the followin Entry #1	citizenship with this country Provide explanation: ean issued a passport (or ide	entity card for travel) aving been issued a	passport		or travel)	by a country	other than	the U.S.	
Do you currently hold YES NO 2 Have you EVER be Complete the followin Entry #1	citizenship with this country' Provide explanation: ean issued a passport (or ide g if you answered 'Yes' to he	entity card for travel) aving been issued a	passport	(or identity card f	or travel)	by a country	other than	the U.S.	
Do you currently hold YES NO 2 Have you EVER be Complete the followin Entry #1 Provide the country in	citizenship with this country' Provide explanation: ean issued a passport (or ide g if you answered 'Yes' to he	entity card for travel) eving been issued a tity card) was issued	passport	(or identity card f	or travel) e the pass	by a country	other than	the U.S.	/lonth/Day/Yea
Do you currently hold YES NO Have you EVER be Complete the followin Entry #1 Provide the country in	citizenship with this country Provide explanation: ean issued a passport (or ide g if you answered 'Yes' to he which the passport (or iden	entity card for travel) eving been issued a tity card) was issued	passport	(or identity card f	or travel)	by a country	other than	the U.S.	/lonth/Day/Yea
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3208 0005

Section 10 - Dual/Multiple Citizenship & Foreign Passport information - (Continued) Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S. Provide country in which the passport (or identity card) was issued. Provide the date the passport (or identity card) was issued, (Month/Day/Year) Est. Provide the place the passport (or identity card) was issued, Country City Provide the name in which passport (or identity card) was issued. Suffix Last name First name Middle name Provide the passport (or identity card) number. Provide the passport (or identity card) expiration date, (Month/Day/Year) Have you EVER used this passport (or identity card) for foreign travel? TYES TNO Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each. From date (Month/Year) To date (Month/Year) Est. Est. Present #1 Est. Est. Present #2 Est. Est. Present #3 ☐ Est. ☐ Est. Present #4 Est. Est. Present #5 Est. ☐ Est. Present #6

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3208 0005

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back 10 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or malling address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

intry #1								
Provide dates of res	sidence.		Is/was this re:	sidence:				
From Date (Month/V	'ear) To Date (Mo	nth/Year) X Present	X Owned by	you Ren	ited or lease	d by you		
04/2012	Est.	Est.	Military h	ousing Oth	er (Provide e	xplanatio	« (n	
rovide the street a	ddress. (Provide City and	Country if outside the United				-	•	
Stenet	autonot it tortoo any and	Cib		Ctole	Zin Code	,	Country	
f P #P /		4 4 4 5 45	. 1 41 . 1		C 41	10/ 1	1	
) Provide physica	I location data with street	, complete (a). If you have et address, base, post, of de City, State and Zip Code	embassy, unit, e	ind country loca				ovide City and Country
	Unit/Duty Location	City or Post Na		State	Zip Code		Country	
					1	j		
L Did Lava a	ADOCTO - Harris	Un addition to a color of						
	APO/FPO address wh Address	ile at this location?	APO	or FPO		APOJEP	O State Code	Zip Code
☐ YES →	1 (64) 656		{				- 4,2,0 4000	
□ NO								
rovide the name o	f a neighbor or other pe	rson who knows you at	this address,				Provide dat	e of last contact.

Enter your Social Security Number before going to the next page

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management

QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

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NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 736 Section 11 - Where You Have Lived - (Continued) Enter residence information. Entry #2 Provide dates of residence. Is/was this residence: From Date (Month/Year) To Date (Month/Year) Present X Owned by you Rented or leased by you 11/2001 04/2012 Military housing Est. ☐ Est. Other(Provide explanation) > Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zlo Code Country 340 Blackfoot Lane **VEntura** 93001 ca If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Gode for ports in the United States.) Street Address/Unit/Duty Location City or Post Name Zip Code Country (b) Did you have an APO/FPO address while at this location? Address APO or FPO APO/FPO State Code Zip Code TYES --X NO Provide the name of a neighbor or other person who knows you at this address Provide date of last contact

069-68-8543 Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

section 11 - Where You Have Lived - (Continued)	1
Enter residence information.	
Entry #3	
Provide dates of residence. Is/was this residence:	
From Date (Month/Year) To Date (Month/Year) Present Owned by you Rented or lease	ed by you
03/2000	
Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Coo	de.)
Street City State Zip Code	Country
6700 Telephone Road VEntura ca 93003	
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the Unit (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home if outside the United States; otherwise, provide City. State and Zip Code for parts in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code	ited States, complete (b). e port/fleet headquarter. (Provide City and Cour Country
AN Old was have as ADO//DO and as while A his handle D	
(b) Did you have an APO/FPO address while at this location? YES Address APO or FPO NO	APO/FPO State Code Zip Code
Provide the name of a neighbor or other person who knows you at this address.	Provide date of last contact.
	-b6 ь7с
er your Social Security Number before going to the next page	h7C

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0805

ster residence information.			·				· · · · · · · · · · · · · · · · · · ·
Entry #4	······································		······································				
Provide dates of residence. From Date (Month/Year) To Date (Month/Year) 08/1996	Present O	this resider vned by you litary housin	u 🔀 Reni	led or leased ar(Provide ex		n) >	
Provide the street address, (Provide City and Country in Street 198 Willard North	outside the United States; of City SAn Francisco		ovide City, State State Ca	and Zip Code. Zip Code)	Country	
you have indicated an APO/FPO address, comple a) Provide physical location data with street addre If outside the United States; otherwise, provide City, S Street Address/Unit/Duty Location	ess, base, post, embassy itate and Zip Code for ports City or Post Name	, unit, and o In the United	country locat				víde Gity and Count
Did you have an APO/FPO address while at thi YES Address NO	s location?	APO or 6	FPO	1	APO/FP	O State Code	Zip Code

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 12 - Where You Went to School		•				
Do not list education before your 18th birthday, unles	s to provide a minim	um of two yea	ers of education	history.		
(a) Have you attended any schools in the last 10 year	rs?	(b) Have y	ou received a c	legree or diploma mo	ore than 10 years ago?	
YES X NO		X YES	NO (II NO to	12(a) and 12(b), procee	d to Section 13A)	·
Entry #1	Culantiti			4 - 1 - 1 - 1		
Provide the dates of attendance.	[·		buars code to	describe your school		
From Date (Month/Year) To Date (Month/Year) D8/1996 04/1999	Present High				echnical/Trade School	
Provide the name of the school.	Est. X Colle	age/University	/Military Colleg	Corresponder	nce/Distance/Extension/On	line School
University of San Francisco School of La	w					
Provide the street address of the school. For corre- (Provide City and Country If outside the United States; other	rwise, provide City, State)			alned.
Street 2130Fulton St	City San Francisco		State	Zip Code 94117	Country	
For schools you attended in the last 3 years, list a		u et the sebe	ca ol (Instructor o		list neonle for education no	viada
completed more than 3 years ago. For correspond	ence/distance/exten	sion/online sc	hoals, list some	eone who knew you	while you received this edu	ication.
I don't know Last name	FI	rst name				
Provide current address for this person (including a		(Provide City an	*			Zip Gode.)
Street	City		State 	Zip Code	Country	
Provide telephone number for this person.			Provide email	address for this per	F00 F74	La alt la access
Talantan makes Polesta	o ا [] dernational or DSN p	ion't know hone number	1	raduless for this per		lon't knaw
		THE THE THE PERSON				
Did you receive a degree/diploma?				,		
YES NO						
Provide type of degrees(s)/diploma(s) received and	d date(s) awarded.					
Degree/diploma (High School Diploma, Associate) Occtorate, Professional Degree (e.g. MD, DVM, JI		r's,	Other	degree/diploma	Date awarded (Month/Year)	Est.
Professional Degree (e.g. MD, DVM, JD)					
Entry #2						
Provide the dates of attendance.	Select th	e most appro	priate code to	lescribe your school	•	
	Present High	School		☐ Vocational/Te	chnical/Trade School	
06/1989 Est. 05/1993	Est. X Colle	ge/University	/Military Colleg	e Corresponden	nce/Distance/Extension/Onl	ine School
Provide the name of the school. University Of Michigan						
Provide the street address of the school. For corres	pondence/distance/	extension/onli	ine schools, pro	ovide the address wi	nere the records are mainta	ined.
(Provide City and Country if outside the United States; other		and Zip Code.)		7h 0-4-	Country	
Street 500 S, State Street	Ann Arbor		State mi	Zip Code 48109	Country	
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ster your Social Security Number before goin	g to the next pag	je ———			ub9-68-8543	

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Enter #2 (Anallar a				*·		
Entry #2 (Continued)				-1.6- At - 1.6-M PM	and the state of the state of	71.0
Provide current address for this person (inclu Street	raing apartment City	numoer). (Provide City a	na Country ir out State	side the United States Zip Code	; otherwise, provide City, State and Country	ZIP C
anset .	l City		Glate	Sub cone	l	
				<u> </u>		
Provide telephone number for this person.		☐ I don't know	Provide ema	il address for this p	person.	an't k
Telephone number Extension	International	or DSN phone number	}		_	
	Day Nig	ht	1			
Did you receive a degree/diploma?						
TYES TNO						
Provide type of degrees(s)/diploma(s) receiv	od and data(a)	awardad				
			1		1	-
Degree/diploma (High School Diploma, Asso Doctorate, Professional Degree (e.g. MD, D'		rs, wasters,	Other	legree/diploma	Date awarded (Month/Year)	E
			 			
Bachelor's						L
Entry #3				1 11 -		
Provide the dates of attendance.		Select the most appro	priate code to	describe your scho	ool.	
rom Date (Month/Year) To Date (Month/Ye	ear) [Present	X High School		Vocational/	Technical/Trade School	
09/1984 🔀 Est. 06/1989	Est.	College/University	/Military Colle	_	lence/Distance/Extension/Onli	ine E
		L Couede, Outset air		A~ Cl comashoud	remearuratanterexternaturi/Unit	ile o
Provide the name of the school.						
Clarkstown High School South	,					
rovide the street address of the school. For	correspondence	/distance/extension/on	line schools, p	rovide the address	where the records are mainta	ined.
Provide City and Country if outside the United States	s; otherwise, provid	e City. State and Zip Code.	,			
treet	City		State	, Zip Code	Country	
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 12 - Where You W	ent to School - (Contin	rued)						
Entry #4								·
Provide the dates of atter	ndance.		Sele	ct the most appro	orlate code to	describe your schoo	l.	
From Dale (Month/Year)	To Date (Month/Year)	Present		ligh School		☐ Vocational/Te	echnicai/Trade School	
Est.		Est.		College/University	/Military Colleg	e Corresponde	nce/Distance/Extension/Onli	ine Scho
Provide the name of the s	school.							
		٠						
Provide the street addres	s of the school. For com	espondence	/dista	ncelextension/onl	ine schools, pr	ovide the address w	here the records are mainta	ined.
Street	utside ine United States; om	erwise, provid City	e Gny.	state and zip Gode.)	State	Zip Code	Country	
						1		
For schools you attended	In the last 3 years, list a	person wh	o knev	v you at the school	i (instructor, si	tudent, etc.). Do not	list people for education per	iods
completed more than 3 ye	ears ago. For correspon	dence/dista	nce/ex	tension/online scl	nools, list some	eone who knew you	while you received this educ	cation.
I don't know Las	t name			First name			•	
				<u> </u>				
Provide current address t Street	or this person (including	apartment : City	numbe	er). (Provide Cily an	d Country if outsi State	ide the United States; of Zip Code	therwise, provide City, State and i · Country	Zip Code.)
	•]						
Provide telephone number	er for this person.			I don't knaw	Provide email	l address for this per	son.	n't know
Telephone number		iternational (-	V phone number				3114 10116371
	b leaged	ay Nigl		•				
Did you receive a degree	/diploma?							
YES NO								
Provide type of degrees(s)/dlploma(s) received a	nd date(s) a	warde	ed.				
Degree/diploma (High So Doctorate, Professional C			r's, Ma	ester's,	Other de	agree/diploma	Date awarded (Month/Year)	Est.
	•							

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

											1		
s	ection 13A - Employ	ment Acti	vities										
m	st all of your employmust be accounted for uty station, Do not list	without bre	aks. If the employ	yment activity	was military d	uty, lis	st separate em	plo	yment activity pe	riods			
Ε	ntry #1												
	Select your employm		_						n ETMan				
	[_] Active military du 13A.5 and 13A.6]	ity station	(Complete 13A.1,		te Government mplete 13A.2, 13			יוענ			nment employ: nt) (Complete 13		
	National Guard/F and 13A.6)		·	5 Sell	f-employment (.5)	Compl	ele 13A.3, 13A.!	ā an	d Othe	r (Prov	ida explanation (3A.6) 🕶	-	
	USPHS Commis 13A.5 and 13A.5)	sioned Co	tps (Complete 13A.		employment (C								
_	Other Federal en 13A.5 and 13A.6)	nployment	(Camplete 13A.2,		leral Contracto .5 and 13A,6)	r (Gam	piele 13A.2,						
	3A.1 Complete the f	ollowing if	employment type	is Active Dut	y, National Gui	ard/Re	serve, or USF	PHS	Commissioned	Corps	,		
	Provide dates of emp	oloyment.					nent status for	7	Provide your as	signe	duly station (during	this period.
	From Date		To Date		this position:			- [Owner				
	(Month/Year)		(Month/Year)	X Present	X Full-time				Provide your m	ost red	ent rank/posit	ion titi	e.
1	09/2006] Est.		Est.	Part-time	1		- [Lawyer				
	Provide address of d	uty station	. (Provide City and C	country if outside	e the United State	s; othe	erwise, provide C	ily.	Stale and Zip Code.		· · · · · · · · · · · · · · · · · · ·		
	Street	O4- 200		City			State		p Code	Cou	ntry		
	5740 Raiston St	Ste 300		Ventura			ca	9.	3003	<u> </u>			
	Telephone number		1	nsion 🔲 In	ternational or f	g NBC	hone number						
	(805) 654-0200		24	X D									
	If you have indicated (a) Provide physical if outside the Uniter Street Address/U (b) Do you or did you	location da f States; oth nit/Duty Lo	ata with street add serwise, provide City ocation	dress, base, p , State and Zip City or Po	oost, embassy, Code for ports fr ost Name	unit, a	and country loc	ati		fleet h		rovide	City and Cauntry
	☐ YES →	Address	ni On i D'addica	a Willie St (IIId	1002(01)	APO	or FPO		APC)/FPO	State Code		Zip Code
	Provide the name of y	your super	visor.		,	Provi	de the rank/po	siti	on title of your s	pervi	sor.		
	None ————————												
	Provide the email add	iress of yo	ur supervisor.	I dan't know	Provide supe	rvisor	's telephone ni	umi	per, Extension		nternational or Pay Night		chane number
	Provide physical work Street	location o	of your supervisor	(Provide City a	and Country If out	side th	e United States; State		rwise, provide City, p Code	State : Cour			
1	f you have indicated a port/fleet headquarter Street Address/Unit/D	, (Provide	physical location		City and Country			alos			State and Zip Cod		cation or home
							·						
te	r vour Social Seci	urity Nun	nber before an	ing to the r	next page -						06	9-68-8	1543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 13A - Em	ployment Acti	vities - (Contin	ued)						
13A.2 Complete	the following if	employment ty	pe is other fede	ral employmen	t, state	government,	federal contrac	dor, nan-government, or	other.
Provide dates of	f employment.	To Date		Select the enthis position:		ent status for	1	st recent position title. Ublic Defender	
(Month/Year) 03/2000	e	(Month/Year) 109/2006	Present				Provide the	name of your employer.	
	Est.	L	Est.	Part-time		. 1		the Public Defender	, Ventura CTY
Provide the added Street 800 S, Victor		er. (<i>Provide City</i> a	City Ven tura		1	erwise, provide (State Ca	illy, State and 219 Zip Code 93009	Country	
Provide telephor (805) 654-22		Extension	☐ Interna	itional or DSN p	ohone	number	L		
same physica	il location (for e e most recent p	xample, if you v	yer - Provide a worked at XY P	dditional period	ver, Ct	D, during 3 ser	parate periods	mployer on more than on of time, you would enter or the two previous period	nformation
X Not	From date (Mo	onth/Year)	To date (A	lonth/Year)		Po	sition Title	Sup	ervisor
Applicable			Est.		Est.				
			Est.		Est.				
			Est.		Est.				
			Est.		Est.				
Provide the v Street		, proceed to (b)) there you are/w	ere physically lo	ocaled. (Provide		d Country if outs State	de the United Sta Zip Code	tes; otherwise, provide City, t Country	State and Zip Code.)
Provide telep	none number	-	Extension		nal or Night	DSN phone nu	ımber		
(b.1) Provide Country	e physical locat	ion data with st ited States; other	reet address, b wise, provide City	l). If you have it	ndicate	nit, and count	ry location or hi	United States, complete (ome port/fleet headquarte Country	
(b.2) Do you	or did you hav	e an APO/FPO	address while	at this location?	,				
	s - A	ldress				or FPO	1	APO/FPO State Code	Zip Code
Provide the name	e of vour super	visor.			Provid	le the position	title of your su	pervisor.	
	Omeraline Media	wher hefore o	valna to the	novt ness				DEC	J-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

ection 13A - Employment Act	livities - (Continue	ď)			. •		
13A.3 Complete the following i	if employment type	is self-emplo	yment ·				
Provide dates of employment. From Date (Month/Year)	To Date (Month/Year)		Select the employ this position:	ment status for	Provide most Owner	recent position title.	
09/2006 Est.)	X Present	Full-time Part-time			ame of your employer. s Of Jay Leiderma	
Provide address of this employ	yment. (Provide City i		utside the United State		de City, State and Z		
Street 5740 Raiston St Ste 300)	City Ventura			Zip Code 93003	Country	
Provide telephone number. (805) 654-0200	Extension	☐ Internatio	nal or DSN phone n Night	umber			
(a) is your physical work addr							
YES X NO (If NO, pr	roceed to (b))						
Provide the work address Street	where you are/were	physically id City	cated. (Provide City a		de the United State Zip Code	s; otherwise, provide City, Country	State and Zip Code.)
Provide the telephone num Telephone number	ber for this address Extension	Intern	ational or DSN phor	ne number			
(b) If you have indicated an Ai (b.1) Provide physical loca Country if outside the Un Street Address/Unit/E	tion data with stree niled Stales; otherwise	t address, ba e, <i>provide City</i> .	. If you have indicates, post, embassy,	unit, and country	y location or hon		
(b.2) Do you or did you have YES ANO Provide the name of someone	ddress		APC	or FPO	AF	PO/FPO State Code	Zip Code
r your Social Security Nu	mber before gol	ng to the n	ext page	· · · · · · · · · · · · · · · · · · ·		06	9-58-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

_					
L	Section 13A - Employment Activities - (C	Continued)	`		
	13A,4 Complete the following if employment	ent type is unemployment.			
Caber 24	Provide dates of unemployment. From Date (Manth/Year) To	Date (Month/Year) Present	Provide the name of and means of support Last name		erify your unemployment activities First name
	Provide address of this verifier, (Provide C Street		les; otherwise, provide City State	y, State and Zip Code.} Zip Code	Country
	Provide the telephone number for this pers Verifier telephone number Extension	son, International or DSN phone nu Day Night	mber		
	If you have indicated an APO/FPO addre (a) Provide physical location data with st If outside the United States; otherwise, pro Street Address/Unit/Duty Location	reet address, base, post, embassy	y, unit, and country loc in the United States.)		
	(b) Does your unemployment varifier have Address	ve an APO/FPO address?	APO ar FPO	APO.	/FPO State Code Zip Code
	13A.5 Complete the following if employm Government, Federal Contractor,	nent type is Active Duty, National C Non-government employment, Sel			orps, Other Federal employment, State
Ŧ	Provide the reason for leaving the employ				
Entry #1	For this employment have any of the folio Fired, quit after being told you would be finatice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)	ired, left by mutual agreement folk		ations of misconduc	it, left by mutual agreement following
	Select your type of incident:	Reason:		Employment des	parture date
		Provide the reason for being fire	d.		you were fired. (Manth/Year)
	Fired				Est
	Ouit after being told you would be fired	Provide the reason for quitting.		Provide the date fired. (Month/Year	you quit after being told you would be)
	Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegation	ns of misconduct.	Provide the date of misconduct. (#	you left following charges or allegations
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatis	factory performance.		you left by mutual agreement following isfactory performance, (Month/Year)
	13A.5 Complete the following if employm Government, Federal Contractor, N				
Entry #1	For this employment, in the last seven (7 in the workplace, such as a violation of se	') years have you received a writte curity policy?	en warning, been offici		ispended, or disciplined for misconduct
	#1 Provide the reason(s) for being warne	d, reprimanded, suspended or dis	ciplined.	·	Date: (Month/Year)
	#2 Provide the reason(s) for being warne	d, raprimanded, suspended or dis	ciplined.		Date: (Month/Year)
	#3 Provide the reason(s) for being warner	d, reprimanded, suspended or disc	ciplined.		Date: (Month/Year)
	#4 Provide the reason(s) for being warned	d, reprimanded, suspended or disc	ciplined.		Date: (Month/Year)
L En	ter your Social Security Number bef	ore going to the next page)	069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Non 101 Employ												
Sec	tion 13A - Employ	ment Acti	Vities										
Ent	y #2												
	lelect your employm Active military du 13A.5 and 13A.6) National Guard/F and 13A.6) USPHS Commis: 13A.5 and 13A.6) Other Federal en 13A.5 and 13A.6)	ty station Reserve (C	(Complete 13A.) omplete 13A.) rps (Complete	.AET ,1	(Can 5 Self 13A. 1, Une	nplete 13A.2, 13 -employment	IA.5 a (Com _l lomple	plete 13A,3, 13A.5 ate 13A.4)	. ,	emp	loyment)	nent employme. (Complete 13A.2 explanation and 6) ▼	2, 13A.5 and 13A
13	A.1 Complete the fe	allowing If	employment	ltype	ls Artive Duh	v National Gu	ard/F	Réserva or USP	HS Con	nmlesioner	Corns		
	rovide dates of emp		on project	т, т, ро				ment status for				luty station duri	na this period.
F	rom Date Month/Year)	Est.	To Date (Month/Year	;	Present	this position: Full-time				•		nt rank/position	
	rovide address of di treet		. (Provide City	and Co				nerwise, provide Cil State	y, State ZIp Co		Countr	у	
T	elephone number			Exten	nsion Ini		DSN	phone number					
(2	you have indicated) Provide physical if outside the United Street Address/U) Do you or did you YES	location da States; oth nit/Duty Lo	ata with stree erwise, provid ocation	et add de City,	ress, base, p State and Zip City or Po	ost, embassy Code for ports l st Name	unit, in the	and country loc	ation or	home pod	Ufleet hea		Ide City and Cou
Þ	NO No	our super	visor.				Pro	vide the rank/po	sition til	le of your s	uperviso	r.	
P	rovide the email add	lress of yo	our supervisc	or. 🗀	l don't know	Provide supe	ervisa	or's telephone nu	mber,	Extension	Inte	rnational or DS	N phone numb
	ovide physical work reet	location o	of your super	rvisor.	(Provide City a City	nd Country if ou	tside t	the United States; o State	therwise Zip Co		Country		
po	you have indicated a nt/fleet headquarter reet Address/Unit/D	. (Provide	physical loc			Cily and Country		tside the United Sta		rwise, provid		te and Zip Code.)	
													•
tar	your Social Secu	uritu Num	nher befor	a noi	ing to the n	ext page					ا، ـــ	069-6	8-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

		vities - (Cont	unue	a)											
ection 13A - Em	ployment Activ														
13A.2 Complete	the following if	employment	type i	s other feder	ral employm	ent, si	tate	government, fi	ederal	contra	ctor, n	on-go	vernment,	or othe	er.
Provide dates of From Date	f employment.	To Date			Select the this position		oyme	ent status for	Pro	vide m	ost red	ent po	osition title.		
(Month/Year)		(Month/Year)		Present	Full-tin	18			Pro	vide th	e nam	e of vo	our employ	er.	
	Est.			Est.	Part-tir	ne									
Provide the add	ress of employe	I (Provide Cilv	and C	Country if outsid	de the United 5	itales:	othe	rwise, provide Ci	ly, State	and Z	ip Cade	.)			
Street			1	City			_		Zíp Co			Couni	try		
Provide telepho	ne number	Extension		internal	tional or DSI) pho	ne n	umber			'		1		
same physica	riods of Activity all location (for ex e most recent p low).	xample, if you	I work	ked at XY Pic	umbing in De	nver,	, CO	during 3 sepa	arate p	eriods	of tim	е, уол	would ente	er info	mation
☐ Not	From date (Mo	nth/Year)		To date (M	onth/Year)			Pos	ition T	Itle		T	S	upervi	sor
Applicable			Est.			E	st.								
•			Est.] 6	st.					1			
			Est,			E	st.					\top			
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

S	ection 13A - Employment Activitie	s - (Continue	d)							
[3A.3 Complete the following if emp	oloyment type i	s self-employ	yment						•
_	Provide dates of employment.			Select the employ	nent status for	Provide n	ost rec	ant position title.		
		Date onth/Year)		this position:		Owner				
	an/none	unav rear)	× Present	X Full-lime				e of your employer.		
	09/2000		Est.	Part-time		Law Off	ices c	of Jay Leiderman	n PC	
	Provide address of this employmen	it. (Provide City a		utside the United State.			nd Zip C			
	Street 5740 Raiston St ste 300		City Ventura		State Ca	Zlp Code 193003	1	Country		
		Extension .		ani an DCN abase s		100000				
	(805) 654-0200		☑internatio	nal or DSN phone n	umoer					
	(a) Is your physical work address d									
	YES X NO (If NO. proceed	•	ou employer	ent addiosa i						
	Provide the work address when		-husingly in	pated (Devide City)	and Country if and	de de la la de la de	Valage a	thanking amulda Olive	Cinia and	I Zin Coda 1
	Street	e you are/were	City	icated, (Provide City a	State	Zip Code	itales; o	Country	State and	Zip Code.)
					Į					
	Provide the telephone number f	for this address	. ,		,					
	Telephone number	Extension	· 🔲 Interna	etional or DSN phor	e number					
			Day	Night						
,	(b) If you have indicated an APO/F									
	(b.1) Provide physical location of Country if outside the United S						home p	ort/fleet headquarte	er. (Provi	de City and
	Street Address/Unit/Duty L			ost Name	State	Zip Code		Country		
			1			-		1		
	(b.2) Do you or did you have an		iress while a							
	YES - Addres	38		APO	or FPO		APO/	FPO State Code	Zip	Code
	X NO									
	Provide the name of someone that (ast name	can verify your First na		nent.						
	Bezijan	Nicol								
-	Provide the address of this verifier.	(Provide City and	Country if outs	ide the United States:	therwise provide	City State and	Zin Cor	le I		
	Street	,, , , , , , , , , , , , , , , , , , , ,	City		State	Zip Code		Country		
-	5740 Raiston St ste 300		VEntura		ca	93003				
	Provide the telephone number for th	ils person.	_			<u> </u>				***************************************
				nal or DSN phone n	umber					
(805) 654-0200		X Day	Night						
	you have indicated an APO/FPO a									
(Provide physical location data w if outside the United States; otherwis 	vith street addr se provide City	ess, base, po State and Zin (ost, embassy, unit, a Code for ports in the U	ind country loc alled States I	ation or home	port/flo	eet headquarter. (Pr	ovide Cit	y and Countr
	Street Address/Unit/Duty Locati		City or Pos		State	Zip Code		Country		
					· ·		}			
ĩ	Does your self-employment verl	fier have an Al	PO/FPO add	ress? '		<u></u>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	YES - Address	•	•	APO	or FPO		APO/I	PO State Code	Zip 1	Code
_	X NO									
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e i	your Social Security Numbe	r before goi:	na to the n	ext page				069	9-68-854	43

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Saction 13.4 - Employment Activities - (Continued) T3.4.4 Confeiles the following if employment type is unemployment.	_	G(11) B13 7 G1, 102, B10 7 G0								
Provide delete of unemployment. Provide deletes of unemployment activities Provide address of this verifier, (Provide Dity and Country if outside the United States, nemotics, provide Dity. States and Zip Code. City State Zip Code Country Vorifier idelephone number for this person. Vorifier idelephone number Extension Only or Post Name Provide the telephone number Extension Only or Post Name If you have inclicated an APD/PPO address. complete (a). If you have indicated an address outside of the United States, complete (b). (a) Provide physical location data with street address, base, post, embassy, unit, and country location or home portifier headqueter, (Provide Dity and Country Post Name Front Country States and Zip Code or Post Name Only or Post Name State Zip Code Country Country Country Country Country Country APO or PPO APO/PPO State Code Zip Code To PPO APO/PPO State Code Zip Code APO/PPO State Code Zip Code APO/PPO State Code Zip Code APO/PPO State State APO/PPO State Code APO/PPO State Code APO/PPO State C		Section 13A - Employment Activities - (C	Continuedj	·····			· ·			
From Date (Monith/Year)		13A.4 Complete the following if employm	ent type is unemplo	yment.						
Provide address of this warfler, (Provide City and County if outside the United States, adhervice, provide City. State and 2p Code.		Provide dates of unemployment.						can verify yo	ur unemployment s	ctivities
Provide address of this warfler, (Provide City and County if outside the United States, adhervice, provide City. State and 2p Code.		From Date (Month Near) To	n Date (Month/Vear)	I''l Decreet		, , , ,	ort.	First n	ame	
Provide address of this warfler, (Provide City and County if outside the United States, adhervice, provide City. State and 2p Code.	Ē	Fet	o Date (mortilin real)	-	Lastria	IIIC			princ	
Street City Stele Zip Code Country Provide the telephone number Extension			Du and Country if outsit		tes albem	ise navide Ci	hu State and Zin	Code)		
Verifier telephone number Clear Class Cl		•	•	ie ine Omice dia	ies, thirin		•	-	y	
Verifier telephone number Clear Class Cl				•			,			
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(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter, (Provide City and Country Individed States). Sitreet Address/Unit/Duly Location City or Post Name State Zip Code Country (b) Dees your unemployment verifier have an APD/FPO address? APO or FPO APO/FPO State Code Zip Code Zip Code Zip Code APO/FPO State Code Zip Code			Day Night							
Toustide the United States; otherwise, provide City, State and Zip Code for potts in the United States. State Zip Code Country										
Streat Address/Unit/Ouly Location							cation or home	port/fleet hea	idquarter. (Provide (City and Country
YES Address APO or FPO APO/FPO State Code Zip Code			*		1 11/1 (11/2 () 11/1		Zlp Code	Country	,	
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YES Address APO or FPO APO/FPO State Code Zip Code		(b) Does your unemployment verifier has	ve an APO/FPO add	fress?						
13A.6 Complete the following if employment type is Active Duty, National Guard/Reservé, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other. Provide the reason for leaving the employment activity.		YES - Address			APO (r FPO	,	APO/FPO SI	tate Code Z	ip Code
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notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)	24	. Provide the reason for leaving the emplo	yment activity.							
notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)	Δ	For this ampleyment have any of the falls	aulas happaged to	ini In the last	Sound C	() traces 2				
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#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. #3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est. #4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est.		#1 Provide the reason(s) for being warne	a, reprimanded, su	spenaea ar ais	cipiinea.		•		uate: (Month/Year	
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#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est. #4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est.	1	#2 Provide the reason(s) for being warne	ed, reprimanded, sus	spended or dis	icipiinea.				Date: (Month/Year	
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est.		42 Decid the control for the	4		-1-17				1	
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined. Date: (Month/Year) Est.		42 Linving the (49300(2) for being marue	и, герипалоео, ѕиз	sperided of dis	cipiinea.				Late: (Month/Year	
Est.			· · · · · · · · · · · · · · · · · · ·			··	······································			
		#4 Provide the reason(s) for being warne	d, reprimanded, sus	spended or dis	ciplined.				Date: (Month/Year	
inter your Social Security Number before going to the next page 069-68-8543	L						····	·	1	L., C.St.
	Ξn	ter your Social Security Number bef	fore going to the	next page				 } 「	069-68-85	543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activ	vities				• • •				_
Entry #3									
Select your employment activity Active military duty station (13A.5 and 13A.6) National Guard/Reserve (Co. and 13A.6) USPHS Commissioned Co. 13A.5 and 13A.6)	Complete 13A.1, omplete 13A.1, 13A. rps (Complete 13A.	(Cor .5 Self 13A. 1, Une	nplete 13A.2, 1: -employment	3A.5 and (Complete Complete	e 13A.3, 13A.5 e 13A.4)	em Ott	n-government en ptoyment) (Comp ner (Provide explar i.5 and 13A.6) ▼	lele 13A.2, 1	3A.5 and 13.
Other Federal employment	(Complete 13A.2,		5 and 13A.6)	n (ounp	sio run.e.				
		la Aation Dest	. N="10:				10		
13A.1 Complete the following if Provide dates of employment.	ampicyment type	IS ACTIVE DUT			ent status for		assigned duty sta	ation during	this nering
From Date	To Date		this position		ATT 510105 TOT	r toriac yabi	assigned oddy sta	THOM GUING	uno panea
(Month/Year)	(Month/Year)	Present	Full-time			Provide your	nost recent rank	/position title	3,
Provide address of duty station.	/Develop City and C				den navida City	State and Zin Co.	(n.)		
Street	, (Fravide City and C	City	S fue Outlier 2000			Cip Code	Country		
Telephone number	Exter	nsion Ini	ternational or	DSN pho	one number				
(b) Do you or did you have an A YES Address		City or Po		APO d	State or FPO	Zip Code	Country PO/FPO State Co	ode :	Zip Cade
Provide the name of your super] I dan't knaw	Provide supe			tion title of your	n Internation	nal or DSN p	thane nun
Provide physical work location of Street	f your supervisor.	. (Provide City a	nnd Country if ou			nerwise, provide Ci Zip Code			
If you have indicated an APO/FF port/fleet headquarter. (Provide Street Address/Unit/Duty Location	physical location		City and Country	y if outside	the United State				cation or h
							•		
er your Social Security Num	ther before no	ing to the n	evt nade				,	069-68-8	1543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Em	oloyment Activ	ities - (Conti	nue	d)								
13A.2 Complete	the following if	emplovment t	voe (s other feder	al employmen	t. state	government, fo	ederal contra	sctor, no	n-governmen	l, or oth	er.
Provide dates of	employment.	To Dale		•	Select the en		ent status for	Provide n	nost rece	nt position tit	e.	
(Month/Year)		(Month/Year)		Present	Full-lime			Provide ti	ne name	of your empl	oyer.	
	Est.			Est.	Part-time	2	· ·				•	
Provide the addr Street	ess of employe	r. (Provide City	and C	Country if outsid City	de the United St			ly, State and a Zip Code		Country	+	nganggar han ang manangan na sang manangan
Provide telephor	e number	Extension	1	Internat	ional or DSN	phone	number					
same physica	l location (for ex most recent p	rample, if you	work	red at XY Plu	umbing in Der	ver, C	stivity if you woo D, during 3 sep Ition titles, and	arate period:	s of time	, you would e	nter Info	rmation
☐ Not	From date (Mo	n(h/Year)		To date (M	onth/Year)		Pos	iltion Title			Superv	sor
Applicable			Est.		. [Est.						
			Est.			Est.						
į			Est.			Est						
			Est.	<u> </u>		Est.						
(a) Is/was your p	_	dress different proceed to (b))		an your empl	oyer's addres	s?		,				
Provide the v Street	vork address w	here you are/\	vere	physically lo City	cated, (Provide	-	d Country if outsic State	ie the United S Zip Code		erwise, provide Country	City, Stal	and Zip Gode.)
	hone number			Extension	Day [Night	DSN phane nu					
Country	physical locati	on data with s led States; othe	treet	address, ba , provide City,	se, post, emb	assy, L	ed an address of init, and country ports in the Unite State	y tocation or				
	or did you have	an APO/FPO dress) add	dress while a	t this location		or FPO		APO/F	PO State Cod	le	Zip Code
Provide the name	of your superv	risor.				Provid	le the position (itle of your s	uperviso	or.		!
Provide the email	address of you	ır supervisor.	ים	don't know	Provide supe	rvisor's	telephone nur	nber, Exter	nsion [Internations Day N		V phone numb
Provide physical Street	work location o	f your supervi		(Provide City a City	nd Country if ou			herwise, provid Zip Code		ate and Zip Coo Jountry	'e.)	
		ta with street : erwise, provide (addre	ess, base, po	ost, embassy, Code for ports in	unit, a	nd country loca					e Gity and Cou.
(b) Did/does you YES —		ve an APO/FF	O a	ddress while	at this locatio		or FPO		APO/FI	PO State Cod	e	Zip Code
S-1-16	Sanualty Norm	har bafara	aoi	ng to the n	ext nage	· · · · · · · · · · · · · · · · · · ·					069-6	3-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	yment Activ	vities - (Continue	80)				•			
13A.3 Complete the	following if	employment type	Is self-emplo	yment			• •	,		
Provide dates of en	nployment.			Select the emple	oymer	it status for	Provide n	ost re	cent position title.	
From Date (Month/Year)		To Date (Month/Year)	~~	this position:			Owner			
		{	X Present	X Full-time			Provide th	e nan	e of your employer.	
09/2006	Est.	·	Est.	Part-time			Law Off	ices	of Jay Leiderman	PC
Provide address of	this employr	ment. (Provide City		utside the United Sta				nd Zip (
Street 5740 Ralston S	t ste 300		City Ventura		Ca	ate	Zlp Code 93003		Country	٠
Provide telephone		Extension	J	nal or DSN phone			00000			
(805) 654-0200			X Day	•	3 ((4)))	OBI				
(a) Is your physical		ss different than v								
TYES XIN		· ·								
			e nhusically lo	cated (Provide Ci)	u and f	Country if outs	ide the United S	tatas:	otherwise, provide City, S	tate and Zin Code I
Street	V SOCIESS M	tiere you are/wan	e priysically it City	· Provide Cil	•	State	Zip Code	naies, c	Country	idia aun rib Aonar)
					- }					
Provide the tele	phone numb	oer for this addres	SS,							
Telephone num	ber	Extension	lntern:	ational or DSN ph	one n	nuíper				
<u> </u>			<u> </u>	Night						
									id States, complete (i port/fleet headquarte	
Country if o	iysical location utside the Unii	on data with Stree led States; otherwis	a, provide City.	se, post, embass State and Zip Code	y, um. Tar pol	rts in the Unit	ed Stales.)	name	houneet ussodasue	i, (Provide City and
Street Add	ress/Unit/Du	ty Location	City or F	Post Name		State	Zip Gode		Country	
		e an APO/FPO ad dress	idress while a		20 or	EDO.		ARO	/FPO State Code	Zip Code
YES NO		ýi daa		1~	-0 01	1110		1	A PO Clare Obje	200000
Provide the name o	f namena ti	hat man warifu war	e solf namina	nont						
Last name .	Someone u	First n		nen,						
Provide the address	of this verifi	ier. (Provide Gity an	d Country if out	ide the United State	s; othe	rwise, provide	City, State and	Zip Co	de.)	
Street			City 1		31	State .	Zip Code		Country	
Provide the telephor Telephone number	ne number fo	or this person. Extension	Distornation	nal or DSN phone	n mumb	har				
Telephone manner		Extension		Night	; ildaiii	pei				
							***	1.6		
if you have indicated (a) Provide physica									es, complete (b). leet headquarter. (Pro	wide Cily and Cour
if outside the Unite	od States; othe	erwise, provide City,	State and Zip (Code for ports in the	United	d States.)		, ,,,,,		
Street-Address/	Jnit/Duty La	cation	City or Pos	st Name	15	State ·	Zip Code	1	Country	
4.1 D			·							
b) Does your self-e	mployment Address	veriller have an A	APO/FPO add	ress?	O or	FPO		APO	/FPO State Code	Zip Code
∏ NO	1									1
	1							L		
										•
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									# · ·	
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r your Social Se							,		750	-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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L	Section 13A - Employment Activities - (C	Continued)								
	13A.4 Complete the following if employm	ent type is unemploy	ymenl	t.						
我	Provide dates of unemployment.	n Date (Manih Nevel	· ·		and me	ans of supp		t can verify yo	ur unemployment ac	tivitles
Entry 我		o Date (Month/Year)		Present Est.	Last na				5,110	
	Provide address of this verifier. (Provide C Street	lity and Country if outsid City	le the t	United Stat	es; otherw	ise, provide Ca State	ity, State and Zip Zip Code	Code.) Countr		
	Straet					diate	Zip Gode	Country	y	_
	Provide the telephone number for this per Verifier telephone number Extension	son, International or t Day Night	OSN ;	ohone nu	mber		·			
	If you have indicated an APO/FPO addre (a) Provide physical location data with s if outside the United States; otherwise, pa Street Address/Unit/Duty Location	treet address, base,	post, p Cod	embassy e for ports	y, unit, ar	d country id			idquarter. (Provide Cit	y and Gountr
!	(b) Does your unemployment verifier has YES Address NO	ve an APO/FPO add	lress?	,	APO (or FPO		APO/FPO S	tate Code Zip	Code
	13A.5 Complete the following if employed Government, Federal Contractor,							ned Corps, Ot	her Federal employn	rent, Stale
#3	Provide the reason for leaving the emplo	yment activity.								
Entry #3	For this employment have any of the folion fired, quit after being told you would be in notice of unsatisfactory performance. YES NO (If NO, proceed to 13A.6)	fired, left by mutual s					gations of misc	conduct, left by	/ mutual agreement f	ollowing
	Select your type of incident:	Reason:				*	Employme	nt departure o	late	
	T Plant	Provide the reason	n for l	being fire	d.		Provide th	e date you we	re fired. (Month/Year)	
	Fired									Est.
	Quit after being told you would be fired	Provide the reason	n for a	quitting.			Provide the fired, (Mont		t after being told you	would be
1	(Hen									Est.
	Left by mutual agreement following charges or allegations of misconduct	Provide the charge	es or	allegation	ns of mis	conduct.		e date you left luct. (Month/Ye	following charges of ar)	allegations
1										Est.
	Left by mutual agreement following notice of unsatisfactory performance	Provide the reason	n(s) fo	or unsatis	factory p	erformance.			by mutual agreemer performance. (Mont	h/Year)
Į										Est.
	13A.6 Complete the following if employm Government, Federal Contractor, I	Non-government em	ployn	nent, Self	-Employ	ment, or Oth	ner.			
miry #3	For this employment, in the last seven (7 in the workplace, such as a violation of se		celve	ed a writte	en warnin	g, been offic	cially reprimand	led, suspende	ed, or disciplined for r	nisconduct
	#1 Provide the reason(s) for being warne	d, reprimanded, sus	pend	ed or dis	ciplined.				Date: (Month/Year)	Est.
	#2 Provide the reason(s) for being warne	d, reprimanded, sus	pend	ed or dis	ciplined.				Date: (Month/Year)	☐ Est.
	#3 Provide the reason(s) for being warne	d, reprimanded, sus	pende	ed or disc	ciplined.			· · · · · · · · · · · · · · · · · · ·	Date: (Manth/Year)	Est.
	#4 Provide the reason(s) for being warne	d, reprimanded, sus	penda	ed or disc	iplined.				Date: (Month/Year)	Est.
L n	ter your Social Security Number bef	ore going to the	next	page				 >	069-68-854	3
								į.		

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Sŧ	ection 13A - Emplo	yment Act	ivities										
En	itry #4									-	······································		
	Select your employ Active military of 13A.5 and 13A.6) National Guard and 13A.6) USPHS Commit 13A.5 and 13A.6) Other Federal et 13A.5 and 13A.6)	luty station /Reserve (C ssioned Co mploymen	(Complete 13A.) Complete 13A.) Complete 13A.	I, 13A. 3 13A.	(Cor 5 Sell 13A 1, Une	mplete 13A.2, 1: Femployment	3A,5 ai (Comp Comple	ilete 13A.3, 13A.: te 13A.4)		empl	loyment) (0	Complete 13A,2 explanation and	nt (excluding self- , 13A.5 and 13A.6) complete 13A.2,
1	3A.1 Complete the	following if	employmen	tvne	is Active Dut	v. National Gu	ard/R	eserve, or USF	HS Comm	ssioned	Corps.		
	Provide dates of em							ment status for				ty station duri	ng this period.
Entry #4	From Date (Month/Year)		To Date (Month/Year	j	. Present	this position			Provide	your m	ost recent	rank/position	title.
	<u> </u>	Est.			Est.	Part-tim							
	Provide address of Street	duty statior). (Provide City	and C	country if outside	e the United Stat	es; ath	envise, provide C State	ity, State and Zip Code	Zip Code	Country		
	Telephone number			Exter	!"	ternational or ay Night	DSN	phone number					
	if you have indicated (a) Provide physica if outside the Unito Street Address/	il location d ed States; di Unit/Duty L	ata with stree herwise, provid ocation	et add ia City	lress, base, ρ , <i>State and Zip</i> Gity or Po	iost, embassy Code for ports i est Name	, unit,	and country lo	de of the Ui cation or ho Zip Cod	me port/	ites, comp //jeet head Coun	quarter. (Provi	de City and Country
	(b) Do you or did yo	Address		ddres	s while at this	location?		O or FPO			O/FPO Stat	le Code	Zip Code
] '	Provide the name of	your supe	rvisor.				Prov	vide the rank/po	osition title o	of your s	upervisor.		
	Provide the email ac	dress of yo	our superviso	и. 🗌	l don't know	Provide sup	erviso	r's telephone n	umber. Ex	tension	interr Day	national or DS	N phone number
	Provide physical wo Street	rk location	of your supe:	visor.	(Provide City a City	and Country if ou	itside ti	he United Stales; State	olherwise, pri Zip Code	ovide City	State and a Country	Zip Code.j	
l t	f you have indicated port/fleet headquarte Street Address/Unit/	er. (Provide	physical loc			City and Country							location or home
	·												
											i		
Ente	r your Social Sec	curity Nu	mber befor	e go	ing to the r	next page					• F	069-6	8-8543

Form approved: OMB No. 3206 0005

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 738

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Em	oloyment Acti	vities - (Conti	nuec	()	•						
13A.2 Complete	the following if	employment t	ype is	other feder	al employmen	, state	government, fe	ederal contr	actor, no	n-government, or at	ner,
Provide dates of From Date	employment.	To Date			Select the en this position:	nploym	ent status for	Provide n	nost rece	nt position title.	1
(Month/Year)		(Month/Year)	1	Present	Full-time			Provide ti	ne name	of your employer.	
	Est.			Est.	Part-time						
Provide the add	ess of employe	et, (Provide City	and C	country if outside City	de the Linited Sta			iy, Siale and I Zip Code		Country	
Provide telephor	e number	Extension		☐ Internat	ional or DSN p	hone	number				
same physica	location (for e most recent p	xample, if you	work	ed at XY Plu	ımbing in Den	ver, G0), during 3 sep	arate period	s of time.	r on more than one , you would enter in va previous periods	ormation
Not	From date (Mo	nth/Year)		To date (M	onth/Year)		Pos	iltion Title		Super	visor
Applicable			Est.	·		Est.					
			Est.			Est.					
			Est.			Est.					
			Est.			Est.					
(a) Is/was your p		ddress differe proceed to (b))		n your empl	oyer's address	7		•	,	,	
Provide the v Street	ork address w	here you are/	were	physically lo City	caled, (Provide		-	le the United S Zip Code		erwise, provide City, Sta ountry	ile and Zip Code.)
Provide telep	hone number		- {	Extension		nal or I Night	DSN phone nu	mber			
(b.1) Provids Country	physical locati	lon data with s fled States; othe	treet	address, ba provide City,	se, post, emba	issy, u		location or		States, complete (b ort/fleet headquarter Country	
	or did you have	e an APO/FP0 Idress) add	ress while a	t this location?		or FPO		APO/FI	PO State Code	Zip Code
Provide the name	of your super	visor.				Provid	le the position (itle of your	superviso	ır.	
Provide the email	address of yo	ur supervisor.		don't know	Provide supe	visor's	telephone nun	nber. Exte		International or DS	SN phone number
Provide physical Street	work location o	f your supervi		Provide City a City	nd Country if out			herwise, provi Zip Code		ale and Zip Code.) ountry	
if outside the U Street Addres	ical location da nited States; others s/Unit/Duty Lo	ta with street erwise, provide cation	addre City, 5	ess, base, po ilale and Zip C City or Pos	ost, embassy, i Code for ports in il Name	ınit, ar the Uni	nd country local			s, complete (b), et headquarter, (Prov Country	ide City and Country
(b) Did/does you YES — NO		ve an APO/Ff	PO, ac	idress while	at this location		or FPO		APO/FF	PO State Code	Zip Code
ter your Social !	Security Nun	nher hefore	anir	a to the n	ext nage _					069-	58-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Provide alse of employment. From Date To Date (Month/Year) Ext. Present Provide most recent position title.	Provide dates o	We worked it	employment type	s is self-emplo								
Provide state name of your employer. Provide City and Country Foods the United States, complete (b.2). Provide address of this employment. (Provide City and Country Foods the United States otherwise, provide City. State and 2p Code Provide address of this employment. (Provide City and Country Foods the United States otherwise, provide City. State and 2p Code Country		remployment.					ent status fo	1 _		cent positi	on title.	
Part-time Provide the new of your employment. Part-time Pa				[2] g	1							
Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City. State and Zip Code.) Street City State Zip Code Country Frovide belephone number. Extension International or DSN phone number (805) 654-0200 24 Zip my Night [a) is your physical work address different than your employment address? YES XINO (if NO, proceed in (a)) Provide the work address where you are were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Street City State Zip Code Country Frovide the the work address where you are were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Street City Frovide the the work address where you are were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Street City Provide the telephone number for this address. Telephone number Extension International or DSN phone number Day Night (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/leet headquarter. (Provide City Country if outside the United States) Street AddressUnit/City Location City or Post Name State Zip Code Country City State Zip Code Country Trovide the saddress of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code Trovide the name of someone that can verify your self-employment. First name First name First name City State Zip Code Country YES APO or FPO APO/FPO State Code Zip Code No APO/FPO State Code Zip Code Zip Code Country YES ACOress APO or FPO APO/FPO State Code Zip Code Does your self-employment varifier have an APO/FPO address? APO or FPO APO/FPO Sta			1							•		
City											elderman l	PC
Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension International or DSN phone number Extension Day Night Diry or have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, Dans, Devise Day, State and Zip Code for ports in the United States, Complete (b.2). (b.1) Provide physical location data with street address, Dans, Devise Day, State and Zip Code for ports in the United States, Dans, Devise Day, State and Zip Code for ports in the United States, Dans, Devise Day, State and Zip Code for ports in the United States, Dans, Devise Day, State and Zip Code for ports in the United States, Dans, Devise Day, State and Zip Code Country Day Da		of this employ	ment. (Provide City	-	utside the Unite				and Zip			
Extension International or DSN phone number Extension International or DSN phone number (805) 654-0200 24		St ete 300				- 1		1 '		Country		
(805) 654-0200			Eutonolou					30000				
(a) Is your physical work address different than your employment address? YES NO (if NO, proceed is (b))	. ,		1	= _	•	none nur	nber					
YES NO (if NO, proceed (a (a))												
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City. State Provide the telephone number				yaar ampioyiii	cill annicast							
Street City State Zip Code Country Provide the telephone number for this address. Telephone number Extension International or DSN phone number (b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country) (b.2) Dayou or did you have an APO/FPO address while at this location? APO or FPO APO/FPO State Code Zip Code Provide the name of someone that can verify your self-employment. First name Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) State Zip Code Zip Code Zip Code Country Provide the letephone number for this person. First name Provide the letephone number for this person. First name International or DSN phone number Day Night City or Post Name State Zip Code Country Provide physical location data with street address, base, post,												
Provide the lelephone number for this address. Telephone number	•	NOTK address w	mere you are/we		icateo. (Providi	e City and	-		States; c		ovide City, Sta	le and Zip Code.
Telephone number	,			1]		}		•
Day Night	Provide the	elephone num	ber for this addre	5S,			<u> </u>	1				
(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2). (b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City a Country furtised the United States, otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location		•			ational or OSN	V phone	number					
(b.1) Provide physical location data with streat address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City address Unit/Out) Location												
Country flustistide the United States; otherwise, provide City, State and Zip Code for ports in the United States.] Street Address/Unit/Duty Location City or Post Name State State Zip Code Country APO/FPO State Code Zip Code Provide the name of someone that can verify your self-employment. But name First name First name City State City State Zip Code Country APO/FPO State Code Zip Code Country City State Zip Code Country City State Zip Code Country City State City State Zip Code Country City State City St												
Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO or FPO APO/FPO State Code Zip Code APO/FPO State Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code APO/FPO State Code Zip Code Zip Code APO/FPO State Code Zip Code Zip Code APO/FPO State Code Zip Code Zip Code Zip Code Country State Zip Code Country APO or FPO APO/FPO State Code Zip Code Zip Code Country City State Zip Code Country Provide the telephone number for this person. Felephone number Extension Day Night Apounts in the United States, complete (a), if you have indicated an address pulside of the United States, complete (b), a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/licet headquarler. (Provide City and Country Indicated and Country Indicated Country Description City or Post Name State Zip Code Country Does your self-employment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code									r home	port/fleet h	eadquarter.	(Provide City a
YES Address APO or FPO APO/FPO State Code Zip Code	•					oue ioi h		-	3	Counti	у	
APO or FPO APO/FPO State Code Zip Code YES										1	,	
Provide the name of someone that can verify your self-employment. Last name Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the telephone number for this person. Felephone number Extension International or DSN phone number Day Night If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif dustide the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country APO or FPO APO/FPO State Code Zip Code	(b.2) Do you	or did you hav	e an APO/FPO a	ddress while a	it this location							
Provide the name of someone that can verify your self-employment. Last name Provide the address of this verifier, (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the telephone number for this person. Telephone number Extension International or DSN phone number Day Night If you have indicated an APO/FPO address, complete (a), If you have indicated an address pulside of the United States, complete (b). Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif of the United States; Otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country Does your self-employment verifier have an APO/FPO address? APO or FPO APO/FPO State Code Zip Code		9 7	idress			APO o	r FPO		APO	/FPO State	Code	Zip Code
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the telephone number for this person. Telephone number Extension International or DSN phone number Day Night f you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif delta for posts in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code Zip Code	. لبيا					<u> </u>						
Provide the address of this verifier, (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the telephone number for this person. Telephone number Extension International or DSN phone number Day Night If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/lieet headquarter. (Provide City and Coil toutside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code NO APO/FPO State Code Zip Code NO APO/FPO State Code Zip Code YES APO or FPO APO/FPO State Code Zip Code NO APO/F		a of someone t			ment.	•	•					
Provide the telephone number for this person. Telephone number	rast ligilia		1	1161116								
Provide the telephone number for this person. Telephone number	Provide the addr	ess of this veri	fier. (Provide City a	nd Country if out	side the United S	States: oth	erwise, provid	e Cliv. State an	d Zía Go	ide.i		
Telephone number Extension International or DSN phone number Day Night f you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code NO NO APO/FPO State Code Zip Code YES APO or FPO APO/FPO State Code Zip Code NO AP	Street					-,-,-,						
Telephone number Extension International or DSN phone number Day Night f you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code NO NO APO/FPO State Code Zip Code YES APO or FPO APO/FPO State Code Zip Code NO AP		,	,			1						
f you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code NO			or this person.	· _						L		
f you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b). a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colif outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code NO	Telephone numb	er	Extension	Internatio	nal or DSN ph	one nun	nber					
a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Colf outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code				Day D	Night							
If outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.) Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code NO	f you have indica	ited an APO/F	PO address, com	plete (a), If yo	u have indicat	ted an ad	idress pulsi	de of the Unit	led Stat	es, comple	te (b).	
Street Address/Unit/Duty Location City or Post Name State Zip Code Country b) Does your self-employment verifier have an APO/FPO address? YES Address APO or FPO APO/FPO State Code Zip Code NO	 a) Provide physics if outside the t 	ical location da Inited States: pfh	ata with street add erwise, provide Cih	dress, base, po . State and Zio	ost, embassy, Code for nods ir	unit, and	d country lac ed States I	ation or hom	e porví	leet headq	uarter. (Provi	de City and Co
YES Address APO or FPO APO/FPO State Code Zip Code NO					,			Zip Code		Country		
YES Address APO or FPO APO/FPO State Code Zip Code NO	Street Addre							}				
NO NO	Stiest Addle											
	b) Does your se		verifier have an a	APO/FPO add	ress?							Zin Cada
	b) Does your se		verifier have an A	APO/FPO add	ress?	APO o	r FPO		APO	/FPO State	Code	1 Code
	b) Does your se		verifier have an a	APO/FPO add	ress?	APO o	r FPO		APO	/FPO State	Code	Zih Code
	b) Does your se		verifier have an a	APO/FPO add	ress?	APO o	r FPO		APO	/FPO State	Code	Zip 6004
	b) Does your se		verifier have an i	APO/FPO add	ress?	APO o	r FPO		APO	/FPO State	Code	2.0 0000
	b) Does your se		verifier have an a	APO/FPO add	ress?	APO o	r FPO		APO	/FPO State	Code	2006
	b) Does your se		verifier have an a	APO/FPO add	ress?	APO o	r FPO		APO		Code	2000
	b) Does your se		verifier have an i	APO/FPO add	ress?	APO o	r FPO		APO		Code	210 Code
	b) Does your se		verifier have an i	APO/FPO add	ress?	APO o	r FPO		APO		Code	Zip code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

L	Section 13A - Employment Activities - (C	ontinued)	•				: 			
	13A.4 Complete the following if employment	ent type is un	nemployn	nent.						·
	Provide dates of unemployment.	······································			Provide	the name o	f someone tha	t can verify yo	ur unemployment	activities
Entry #4	From Date (Month/Year) To	Date (Month	/Yearl	Present	and mea	ans of suppo	ort.	First n	ame	
0	Est.	- Sata (money	'	EsL	COSE (CA)			'		
	Provide address of this verifler. (Provide Ci	lv and Country	if outside		es: otherwi	se. provide Ci	tv. State and Zio	Code.)		
	Street	Cit				State	Zip Code	Countr	y	
	Provide the telephone number for this pers	on.								
	Verifier telephone number Extension	Internatio	nal or D	SN phone nu	mber					
] Night							
	If you have indicated an APO/FPO address									
	 (a) Provide physical location data with str if outside the United States; otherwise, pro 						cation or home	e portileet nea	idquarier. (Provide i	City and Country
	Street Address/Unit/Duty Location	* '	ity or Po			State	Zip Cade	Country	,	
	(b) Does your unemployment verifier hav	e an APO/FI	PO addre	ess7						
	YES - Address				APO o	rFPO		, apo/fpo si J	ate Code 2	Zip Code
	□ NO .									
1	13A.5 Complete the following if employment							ned Corps, Ol	ner Federal employ	yment, State
	Government, Federal Contractor, N			loyment, Sel	f-Employe	nent, or Oth	er.			
3	Provide the reason for leaving the employ	ment activity	γ.							
Entry #4	For this country word have any of the fatter	wine hanne		u Im Alam Imak		l was and				
ធ្នើ	For this employment have any of the folion Fired, quit after being told you would be fi				,		rations of misc	onduct left by	mutual agreemen	it following
	notice of unsatisfactory performance.			i oom om ma	Armig Cine	· Bro bi biief	jenono or mac	ionodai, ion o	motodi ugicomon	it following .
-	YES NO (If NO, praceed to 13A.6)									
1	Select your type of incident:	Reason:					Employme	ent departure o	late	
		Provide the	reason	for being fire	d,		Provide th	e date you we	re fired, (Month/Yea	ir)
1	Fired						1			Est.
	Quit after being told you would be	Provide the	reason	for quitting.		•	Provide th	e date you qui	it after being told y	ou would be
ł	fired pains four April Monio de	ł					fired, (Mon	th/Year)		
-		Danida the	-	allati	i		Devide h	- d-l l- 9	Fall-ulas abases	Est.
	Left by mutual agreement following		e charges	or allegation	is of misc	onouct.		e date you ien Juct. (Month/Ye	following charges	or anegations
	charges or allegations of misconduct	İ								☐ Est.
-		Provide the	reason	s) for unsatis	factory p	erformance.	Provide the	e date vou left	by mutual agreem	ent following
ł	Left by mutual agreement following notice of unsatisfactory performance	1		.,					performance. (Mo	
										Est.
	13A.6 Complete the following if employment, Federal Contractor, N							ed Corps, Oth	er Federal employ	ment, State
	For this employment, in the last seven (7							ded, suspende	d, or disciplined fo	r misconduct
	in the workplace, such as a violation of se	curity policy?	?							
	YES NO									
Į	#1 Provide the reason(s) for being warned	, reprimand	ed, susp	ended or disc	ciplined.				Date: (Month/Yea	
ł										Est.
	#2 Provide the reason(s) for being warned	i, reprimandi	ed, susp	ended or disc	ciplined.				Date: (Month/Yea	Γ)
1										Est.
	#3 Provide the reason(s) for being warned	i, reprimando	ed, susp	anded or disc	iplined.			··	Date: (Month/Yea	r)
		•	•							Est.
	#4 Provide the reason(s) for being warned	. reprimanda	ed. susni	ended or disc	iplined				Date: (Month/Yea	ri
-		,pri italiani	,							Est.
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13B - Employment Activities - Former	Federal Service				
Do you have former federal civilian employment, o	excluding military s	ervice, NOT matcar	ea previou	isty, to report?	
YES NO (If NO, proceed to Section 13C)	· · · · · · · · · · · · · · · · · · ·	·····			
Complete the following if you selected "Yes	" to having forme	r federal civillan e	mployma	nt, excluding milita	ary service, NOT indicated previously
Entry #1					
Provide dates of federal civilian employment.	*	Provide the name			5
From Date (Month/Year) To Date (Month.	(Year) Present	which you are/we	re emproy	ed.	Provide your position title.
Est.	Est.				
Provide the location of the agency. (Provide City		the United States; other			
Street	City		State	Zip Code	Country
			<u> </u>		
Entry #2					
Provide dates of federal civilian employment.		Provide the name which you are/we			Pravide your pasition title.
	Year) Present	William you orcive	ie attibioy.	Ju.	
Est.	Est.				
Provide the location of the agency. (Provide City Street	and Country if outside City	a the United States; oth	erwise, prov Stale	ide City, State and Zip Zip Code	Code.) Country
- Circuit	l .		Diace	Lip Code	l .
			<u> </u>		
Entry #3		,			
Provide dates of federal civillan employment.		Provide the name which you are/we			Pravide your position title.
	Year) Present	William you allowe	ie etthioy	=U.	Fravida yadi pasition title.
Est.	Est.	1			
Provide the location of the agency. (Provide City in Street	and Country if outside City	The United States; other	erwise, provi State	de City, State and Zip C Zip Code	Cade.) Country
an bus	l				J
E-4 44			L		
Entry #4		Provide the name	of the fool	mont a manager fine	
Provide dates of federal civilian employment. From Date (Month/Year) To Date (Month/	Year) Present				Provide your position title.
Est.	Est.				
Provide the location of the agency. (Provide City :		the Linked States other	nulsa amul	rle City State and Zin (Inde I
Street	City	and Compto Clares, Cinc	State	Zip Code	Country
Section 13C - Employment Record	-		1 1		
Have any of the following happened to you in the	last seven (7) ves	ere at employment	activities th	al you have not ore	Waysh listed?
- Fired from a Job?	1001 00 1011 (17) 000	and at outploymone	ACTALLES II	nic lon trave trac bee	and daily nated t
- Quit a job after being told you would be fired?					
 Have you left a job by mutual agreement following. Left a job by mutual agreement following notice of 			±1?		
- Received a written warning, been officially reprint			misconduc	:t in	
the workplace, such as violation of a security poli		•			
YES (If YES, you will be required to add an addition	al employment in Sec	ction 13A)			
NO (If NO, proceed to Section 14)		•			
NO (If NO, proceed to Section 14)				•	
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 14 - Selective Service Record			_		
Were you born a male after December 31, 1959 YES NO (if NO, proceed to Section 15))7				
Have you registered with the Selective Service	e System (SSS)?	The Selectiv	e Service website, www	.sss.gov, can help pr	ovide the
Yes Provide registration nu	ımber:≯		number for persons who aber is not your Social S		e: Selective
☐ No → Provide explanation: ▶		COS FIGURES COST	ider is not your doctor of	deanty Manager	*
i don't know -> Provide explanation: >					
Section 15 - Military History			Managaran		
Have you EVER served in the U.S. Military?					
YES NO (If NO, proceed to Section 15.2)					
15.1 Complete the following if you responded	'Yes' to having served in th	ne U.S. Military.			
Entry #1	γ				
Provide the branch of service you served in.	State of service, if National Guard	Officer or enlisted	Provide your service n	umber.	
Army Air National Guard	·	Not Applicable			
Guard Marine Corps	Provide your status	Officer	Provide your dates of s		
Navy Coast Guard	Active Duty	Enlisted	From Date	To Date	
	Active Reserve		(Month/Year)	(Month/Year)	Present
Air Force	Inactive Reserve		E	st.	Est,
Were you discharged from this instance of U. YES NO Provide the type of discharge you received:	s. military service, to include	Reserves, or National G	Jaro /	Provide the date of	
Honorable Under Other than Honorable Condition	Bad Conduct			discharge listed (Month/Year)	
Dishonorable General	Other (provide ty)	DB) }			Est.
Provide the reason(s) for the discharge, if disc	charge is other than Honorat	ole			
Entry #2					
Provide the branch of service you served in, Army Air National Guard	State of service, if National Guard	Officer or enlisted Not Applicable	Provide your service n	umber.	
Army National Marine Corns	Provide your status	☐ Officer			
Guaro	Active Duty	☐ Enlisted	Provide your dates of s		
Navy Coast Guard	Active Reserve		From Date (Monih/Year)	To Date (Month/Year)	Present
Air Force	Inactive Reserve		□ E:	st	Est.
Were you discharged from this instance of U.8	6. military service, to include	Reserves, or National Gu	ard?		
Provide the type of discharge you received:				Provide the date of	
Honorable Under Other than Honorable Conditio	Bad Conduct			discharge listed (Month/Year)	
Dishonorable General	Other (provide typ	ne) 🕨			Est.
Provide the reason(s) for the discharge, if disc	harge is other than Honorab	le			
					· · · · · · · · · · · · · · · · · · ·
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continued)	
15.2 In the last seven (7) years, have you been subject to court martial or of under the Uniform Code of Military Justice (UCMJ), such as Article 15. Court of Inquiry, etc?	, Captain's Mast, Article 135
Complete the following if you responded 'Yes' to In the last seven (7) years, Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast,	have you been subject to court martial or other disciplinary procedure under the Article 135 Court of Inquiry, etc.
Entry #1	
Provide the date of the court martial or other disciplinary procedure. (Month/Y	ear)
	Est.
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.
Entry #2	
Provide the date of the court martial or other disciplinary procedure. (Month/M	ear)
	Est.
Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.	Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.
Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).	Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 15 - Military History - (Continued)					
15.3 Have you EVER served, as a civilian or r diplomatic, security forces, militia, other of		lary, intelligence,	YES NO (III	VO, proceed to S	Section 16)
Complete the following if you responded 'Yes' t security forces, militia, other defense force, or g		ltary member in a foreign o	country's military, i	ntelligence, dip	olomatic,
Entry #1					
During your foreign service, which organization	were you serving under?	Provide the name of th	e foreign organiza	tion.	
	urity Forces				
Air Force, Marines, etc.)	·				
Intelligence Service		Provide your period of			
Diplomatic Service	er Defense Farces	From Date (Month/Year)	1	lonth/Year)	Present
Othe	er Government Agency		Est.		Est.
Provide the name of the country.	ovide the highest position/rank held.	Provide divis	ion/department/off	lice in which yo	ou served.
Provide a description of the circumstances of ye	our association with this organization. P	ovide a description of the r	eason for leaving	this service.	
,					
Do you maintain contact with current or former	associales, colleagues, or acquaintances	from your service in this o	rganization?		
YES NO (If No. proceed to Section 16)					
Contact #1					
Provide the contact's full name.					
Last name	First name	Middle name		Suffix	
Provide the contact's address. (Provide City and C	Licontry if outside the United States; otherwise, p	ovide City. State and Zip Code			
Street	City	Zip Code	Country		
Provide the contact's official title.	Provide the frequency of contact.	Provide the length of y			
		From Date (Month/Year,		fonth/Year)] Present
	ŀ	·	Est.] Est.
Contact #2	•				
Provide the contact's full name.					
Last name	First name	Middle name	4	Suffix	
	<u> </u>				
Provide the contact's address. (Provide City and C					
Street	City State	Zip Code	Country		
		10 11 11 11 11 11		Mark and a few	
Provide the contact's official title.	Provide the frequency of contact.	Provide the length of yer From Date (Month/Year		(n the contact. fonth/Year)] Present
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 15 - Military History - (Contin	ued)			······································	
Complete the following if you respond security forces, militia, other defense	led 'Yes' to having EVER served as a civili force, or government agency.	an or milita	ary member in a foreign coun	try's military, intelligence,	dipiomatic,
Entry #2					
During your foreign service, which org Military (Specify Army, Navy, Air Force, Marines, etc.)	Security Forces		Provide the name of the for	elgn organization.	
Intelligence Service	Militia		Provide your period of servi	ce.	
Diplomatic Service	Other Defense Forces		From Date (Month/Year)	To Date (Month/Year)	Present
	Other Government Agency		Est.		Est.
Provide the name of the country.	Provide the highest position/rank highest	eld,	Provide division/o	lepartment/office in which	1 you served.
Provide à description of the circumsta	nces of your association with this organiza	ition. Prov	ride a description of the reaso	n for leaving this service	
Do you maintain contact with current YES NO (If NO, Proceed to Se	or former associates, colleagues, or acqua	intences fr	om your service in this organ	ization?	
Contact #1					
Provide the contact's full name. Last name	First name		Middle name	Suffix	
Provide the contact's address. (Provide	a Cily and Country if outside the United States; off	erwise, prov	(de City, State and Zip Gode)		
Street	City	State	Zip Code C	ountry	:
Provide the contact's official title.	Provide the frequency of conta	ct.	Provide the length of your a From Date (Month/Year)	To Date (Month/Year)	ct. Present Est.
Contact #2					
Provide the contact's full name. Last name	First name		Middle name	Suffix	
Provide the contact's address: (Provide Street	City and Country if outside the United States; oth City	erwise, prov State		puntry	
Provide the contact's official title.	Provide the frequency of conta	ct.	Provide the length of your a From Date (Month/Year)	To Data (Month/Year)	
	·			1	

Enter your Social Security Number before going to the next page

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005 **b6**

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1	Section 16 - People Who Know You Well
	Provide three people who know you wall and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last seven (7) years. Do not list your spouse, former spouse (s), other relatives, or anyone listed elsewhere on this form.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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rovide your current marital status.		the same of the sa	**************************************	· · · · · · · · · · · · · · · · · · ·
Never Married (Complete 17.3)	Sepa	araled (Complete 17.1 and 17.3)	Divorced (Com	plete 17.2 and 17.3)
Married (including Common Law) (Complete 17. i and a	17.3) 🔲 Annı	illed (Complete 17.2 and 17.3)	Widawed (Com	plete 17.2 and 17.3)
17.1 Complete the following if you selected 'Married'	or 'Separated,'			
#2 Last name	First name.		Middle name	Suffix
mode (pat) to		•	-	1
Maiden name? From (Month/Year)	To (Month/Year)	Present		
YES NO Est.		Est.		
#3 Last name	First name		Middle name	Suffix
•			•	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Maiden name? From (Month/Year)	To (Month/Year)	Present		
Maiden name? From (Month/Year)  YES NO Est.	To (Month/Year)	Present Est.		
YES NO Est.	To (Month/Year) First name		Middle name	Suffix
YES NO Est.			Middle name	Suffix
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)		Est.	Middle name	Suffix
YES NO Est.	First name ·		Middle name	Suffix
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.		
#4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name ·	Est.		
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.		
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.		
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(ies) of citizenship.	First name To (Manth/Year)	Est.		
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.	Provide date ma	
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.		
#4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.	Provide date ma	
#4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.	Provide date ma	
#4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.	Provide date ma	
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)	First name To (Manth/Year)	Est.	Provide date ma	Suffix rried. (Month/Day/Yea
#4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(les) of citizenship.	First name To (Manth/Year)	Est.	Provide date ma	
YES NO Est.  #4 Last name  Maiden name? From (Month/Year)  YES NO Est.  Provide your spouse's country(ies) of citizenship.	First name To (Manth/Year)	Est.	Provide date ma	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 17 - Marital Status - (Continued)	
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Enter your Social Security Number before going to the next page

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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

17.2 Complete the follow	ing if you selected 'Divorce	ed', 'Annulled',	'Widowed',	or 'Other Forme	r Spouses'.			
Entry #1			<u> </u>					
Provide the full name of y	our former spouse.		***************************************		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Provide the date of	birth of your
Last name	First name		1	Vlidd <b>i</b> e name		Suffix	former spouse. (Mor	nth/Day/Year) Est.
Provide the place of birth	for your former spouse.	-				<del> </del>		
City		.	State	Zip Code	Countr	y (Required)		
Provide the country(les) o	f citizenship for your forme	r spouse.					date you married you	r
Country #1	•	Country #2				former spot	ise. (Month/Day/Year)	
								Est.
Provide the place married	. (Provide City and Country if or	utside the United	States; otherwis	e, providė City, Stati	e and Country.)			
City			State	Country				
		.						
Provide the status of this	marriage.		Provide the d	late divorced, ann	ulled or wido	wed. (Month/L	Çay/Yeari	
Diverced V	Annulled Annulled	1.					•	Est.
For your divorced or annu Code)	lled marriage, provide whe	re the record is	located. (Pro	vide City and Countr	y if outside the	United States; o	otherwise, provide City, St	ale and Zip
City			State	Zip Code	Country	/		
Is this former spouse dec	eased?					· · · · · · · · · · · · · · · · · · ·		
YES NO (II NO.	complete (a))	know				•		
	ed marriage provide last kr	own address o	f the former s	ipouse, ( <i>Provide C</i> i	ity and Country	if outside the U	Inited I d	on't know
Street	City, State and Zip Code) City	v		State 2	Zip Code	Count	rv	
	1	a .		1		1.	1	
				1 1		1		

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	g if you sel	ected 'Divorced	d', 'Annulled	i', 'Widowe	l', ar 'Other Förme	ir Spouses'.		1	
Entry #2									
Provide the full name of you	ır former sp	oouse,						Provide the date of I	oirth of you
Last name		First name			Middle name		Suffix	former spause, (Mon	th/Day/Year)
Provide the place of birth for	r your form	er spouse.					·		
City				State	Zip Code	Countr	y (Required)		
Provide the country(les) of c Country #1	citizenship i	for your former	spouse. Country #2	?				e date you married you ouse. (Month/Day/Year)	*
•			,						☐ Est.
	_	- A-sulled		Provide the	date divorced, and	nulled or wide	wed. (Manth)	/Day/Year)	
Provide the status of this ma	arriage. dowed	Annulled		Provide the	date divorced, and	nulled or wido	wed. (Manth)	/Day/Year)	☐ Est.
Divorced Wid	dowed		the record i				•		hamed .
Divorced Wid	dowed		the record i				United States;		hamed .
Divorced Wid  For your divorced or annuite  Code)  City	dowed ad marriage		the record i	s located. (f	Provide City and Count	ry if outside the	United States;		hamed .
Divorced Wid  For your divorced or annulle  Code)  City	dowed ad marriage sed?			s located. (f	Provide City and Count	ry if outside the	United States;		hamed .
Divorced Wide  For your divorced or annulier  Code)  City  Is this former spouse decease	dowed ad marriage sed? amplete (a)) d marriage	t don't kn	ow	s located. <i>(f</i> State	Zip Code Zip Code	ry if outside the Countr	United States;	atherwise, provide City, St	h

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e fallowing	if you presently	reside with a c	cohabitant.				
e			First name		Middle name		Suffix
	•						
ame?	From (Month/Yea	ar)	To (Month/Year)	Present			
☐ NO		Est.		Est.			
8			First name		, Middle name		Suffix
ame?	From (Month/Yea	ar) ·	To (Month/Year)	Present			
ui,,,o.,							
□ NO		Est.		Est.		······································	
		Est.	First name	Est.	Middle name	<u></u>	Suffix
□ NO			•	Est.	Middle name		Suffix
NO NO	From (Manth/Yes		First name To (Month/Year)	Present	Middle name		Sulfix
NO NO ame?			•				
NO NO ame?	From (Manth/Yes		•	Present	Pro	ovide date cohal	
	□ NO	ame? From (Month/Yea	ame? From (Month/Year)  NO Est.	ame? From (Month/Year) To (Month/Year)  NO Est.  First name	ame? From (Month/Year) To (Month/Year) Present  NO Est. Est.  First name	ame? From (Month/Year) To (Month/Year) Present  NO Est. Est.  First name Middle name	ame? From (Month/Year) To (Month/Year) Present  NO Est. Est.  First name Middle name

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Last name	First name		ividois usuis	Sumx
Maiden name? From (Month/Year)	To (Manth O/and	_		
Maiden name? From (Month/Year)  YES NO Est.	To (Month/Year)	Present Est.		
Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present		
YES NO Est.		Est.		
Last name .	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)	Present		
YES NO Est.		Est.	a #2 4 44	0.0
Last name	First name		Middle name	Suffix
Malden name? From (Month/Year)	To (Month/Year)	Present		
YES NO Est.		Est.	Provide date o	ohabitation began.
untry #1	Country #2		(Month/Day/Yea	ri
<u> </u>				
			·	
•				
•				
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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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	•				
1 Last name		First name	,	Middle name	Suffix
Maiden name? From (Month/Ye	ear)	First name To (Month/Year)	Present	Middle name Provide the reason(s) why the	
Maiden name? From (Month/Ye		To (Month/Year)		Provide the reason(s) why the	name changed.
Maiden name? From (Month/Ye	ear)		Present		
Maiden name? From (Month/Ye ☐ YES ☐ NO    2 Last name	nar) Est.	To (Month/Year) First name	Present Est.	Provide the reason(s) why the  Middle name	name changed.
Maiden name? From (Month/Ye	nar) Est.	To (Month/Year)  First name  To (Month/Year)	Present	Provide the reason(s) why the	name changed.
Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye  YES NO	Est.	To (Month/Year)  First name  To (Month/Year)	Present Est.	Provide the reason(s) why the  Middle name	name changed.
Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye  YES NO  Last name	ear)  Est.  Est.	To (Month/Year)  First name  To (Month/Year)  First name	Present Est.	Provide the reason(s) why the  Middle name  Provide the reason(s) why the	Suffix suffix
Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye	Est.	To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)	Present Present Est. Present Present	Provide the reason(s) why the  Middle name  Provide the reason(s) why the	Suffix suffix
Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye  NO	ear)  Est.  Est.	To (Month/Year)  First name  To (Month/Year)  First name	Present Est. Present Est.	Provide the reason(s) why the  Middle name  Provide the reason(s) why the  Middle name  Provide the reason(s) why the	Suffix name changed. Suffix name changed.
Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye  YES NO  Last name  Maiden name? From (Month/Ye  NO	Est.	To (Month/Year)  First name  To (Month/Year)  First name  To (Month/Year)	Present Present Est. Present Present	Provide the reason(s) why the  Middle name  Provide the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) why the selection of the reason(s) which is selected as the selection of the reason(s) which is selected as the selection of the reason(s) which is selected as the selection of the reason(s) which is selected as the selection of the selection of the reason(s) which is selected as the selection of the selection of the reason(s) which is selected as the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection o	Suffix suffix
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

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CFR Parts 731, 732, and 736	MAHONALO	LOGITITIOSITIONS		
Section 18 - Relatives - (Continue	d)		ı	
Sister, Stepbrother, Stepsis OR Complete the following if the Stepchild, Brother, Sister, 1	ster, Half-brother, Half-sister and is relative listed is your Mother, Father, Stepbrother, Stepsister, Half-brothe	, Stepmother, Stepfather, Child (Inc.) a U.S. Cillzen, foreign born and is dec , Stepmother, Stepfather, Foster par ar, Half-sister, Father-in-law, Mother	ceased. rent, Child (including a	adopted/foster),
foreign born and has a U.S.				
FS 240 or 545	n that he or she possesses and the do	Other (Provide explanation)		
	U.S. Naturalization certificate	Ottlet (Frovide exhibitation)	•	
DS 1350	U.S. Passport			
U.S. Citizenship certificate	None (Provide explanation) ▶			
Provide document number.	Provide the n	name of the court that issued the U.S.	Citizenship/Naturalizatio	on certificate.
Provide the address of the court the Street	hat issued the U.S. Citizenship/Natura	ilization certificate. City	State	Zip Code
uttest		Oity	) Otale	EIH DOGE
	•			

Enter your Social Security Number before going to the next page

069-68-8543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives -	(Cantinued)							
	Stepchild, Broth	owing if the relative listed in er, Sister, Stepbrother, S ss and is not deceased.	is your Mother, Fathe Stepsister, Half-broth	r, Stepmothe er, Half-siste	, Stepfati r, Father-	her, Foster parent In-law, Mother-in-	, Child (inclu law, Guardia	ding adopted/foster n and is not a U.S. C	r), itizen,
	Provide type of docume	entation he or she possess	ses to support U.S. res	sidence.					
Entry #1	U.S. Allen registrat	tion U.S. Visa				Provide document i	number		
ū	Other (Provide ex	planation) >	•						
	Provide approximate di	ate of first contact, (Month/	Year)	Provide app	oximate o	late of last contact.	(Month/Year)	Present	
			Est.					Est.	
	Provide methods of cor	ntact (Check all that apply)							
١	In person	Tele	phone .	Elect	ronic (Suc	ch as e-mail, texting	j, chat rooms,	etc)	
-	Written correspond	lence Othe	r (Přovíde explanation	n) <b>•</b>					
	Provide approximate fro	equency of contact.					1		
-	☐ Dally	☐ Mon	thly	Annu Annu	əlly				
	☐ Weekly	Quar	rterly	Othe	(Provide	explanation) >			
-	Provide name of curren	nt employer, or provide the	name of their most re	cent employe	if not cur	rently employed (if	known).		
	Employer name		manages.						
			[ ] I don	't know					
		current employer, or provi Inited States; otherwise, provid			employer	If not currently emp	oloyed. (Provide	e City	n't know
	Street	Milea diales, piripiwise, provid	City		ate	Zip Code	Country		
				. {		1-7-			
J	Is this relative affiliated	with a foreign government	t, military, security, de	ense industry	foreign n	novement, or intellig	gence service	?	
1	YES	Describe the relative's rel	ationship with the fore	ign governme	ıt, military	, security, defense	industry, fore	ign movement, or inte	eliigence
	NO	service.							
I don't know									
L	48 5 Complete the falls		n vous Methos Fother	Ctonwothe	Ctonfati	nas Englas pasant	Child finalis	ding adapted (factor	,
ĺ		owing if the relative listed is er, Sister, Stepbrother, S							
	has a foreign add	ress and is not deceased.							
Ę.	Provide approximate da	ate of first contact. (Month/)	rear)	Provide appr	oximate d	late of last contact.	(Month/Year)	Present	
Entry #1			Est.					Est.	
Œ	Provide methods of con	itact (Check all that apply)							
7	In person	Teler	ohone -	Elect	ou2) oina	h as e-mail, texting	, chat rooms,	etc)	
1	Written correspond	ence Othe	r (Provide explanation	1) >					
-	Provide approximate fre	equency of contact.							
ł	Daily	Mont	hly	Annu Annu	ally.				•
ı	Weekly	Quar	terly .	Other	(Provide	explanation) ▶			
		t employer, or provide the	name of their most re	cent employer	if not curi	ently employed (if I	known).		
	Employer name						1		
				t know					
		current employer, or provid Inited States; otherwise, provid			mployer	if not currently emp	loyed. (Provide	City 1 don	't know
-	Street		City		ate	Zip Code	Country		
						( )			
	is this relative affiliated t	with a foreign government	, military, security, def	ense industry,	forelgn m	ovement, or intellig	ence service	)	
		Describe the relative's rela	ationship with the forei	gn governmer	t, military	, security, defense	industry, forei	gn movement, or inte	elligence
	□ NO	service.							
	l don't know								
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								000 00 00 (0	<del></del> 1
nt	ter your Social Secur	ity Number before go	ing to the next pag	je ——		·	<b>→</b>	069-68-8543	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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	Sec	tion 18 - Relatives -	· (Continued)							
_	#1	Last name			First name			Middle name		Suffix
	ļ									
		Malden name?	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why th	e name change	d.
		YES NO	ł	Est.		Est.				
	#2	Last name			First name			Middle name		Suffix
	1						4	'		
		Maiden name?	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why th	e name change	d
	[	YES NO		Est.	1	Est.	1			
	#3	Last name			First name			Middle name		Suffix
	}									
		Maiden name?	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why th	e name change	d.
		YES NO		Est.		Est.				
	#4	Last name			First name			Middle name	,	Suffix
		Maiden name?	From (Month/Year)		To (Month/Year)	Present	Provide	the reason(s) why th	e name changed	i,
		YES NO		Est.		Est.	]			j
							<u></u>		·····	
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Ξr	nter v	our Social Secu	rity Number befo	re going to	the next page				069-6	8-8543
	J		,	- 33	Made					

Standard Form 86 Revised December 2010 U.S. Office of Personnel Management

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

> b6 b7C

	5 CFR Parts 731, 732, and 736	NATIONAL SECURITY POSITIONS		
	Section 18 - Relatives - (Continue	d)		
	Sister, Stepbrother, Stepsi OR Complete the following if the	relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adoster, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.  relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guor APO/FPO address.	(including ad	opted/foster),
	Provide one type of documentation	on that he or she possesses and the document number.		
Į	Fis 240 or 545  DS 1350	U.S. Naturalization certificate □ Other (Provide explanation) >		
	DS 1350	U.S. Passport		
-	U.S. Citizenship certificate	None (Provide explanation) ▶		
	Provide document number,	Provide the name of the court that issued the U.S. Citizenship.	/Naturalization	certificate,
	Provide the address of the court the Street	hat issued the U.S. Citizenship/Naturalization certificate.  City	State	Zip Coda

069-68-8543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)						
_	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cliizen, has a U.S. address and is not deceased.						
2	Provide type of documentation he or she possesses to support U.S. residence.						
## E	U.S. Alien registration U.S. Visa Provide document number						
Entry #2	☐ Other (Provide explanation) ▶						
	Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Est.						
	Provide methods of contact (Check all that apply).						
	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)						
	Written correspondence ☐ Other (Provide explanation) ▶						
	Provide approximate frequency of contact.						
	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶						
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).						
	Employer name						
	1 don't know						
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if guiside the United States; otherwise, provide City State and Zin Code)						
	The details in detailed and defined and any order only, order one any details						
	Street City State ZIp Code Country						
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?						
YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign move							
	□ NO Service,						
	☐ I dan't know						
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a foreign address and is not deceased.						
Entry #2	Provide approximate date of first contact. (Manth/Year)  Provide approximate date of last contact. (Manth/Year)  Est.						
ш	Provide methods of contact (Check all that apply).						
	In person Electronic (Such as e-mail, texting, chat rooms, etc)						
	☐ Written correspondence ☐ Other (Provide explanation) ▶						
	Provide approximate frequency of contact.						
	Daily Monthly Annually						
l	Weekly						
1							
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name						
1							
	1 don't know						
ı	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if currently employed States of their most recent employer if not currently employed. (Provide City and Country if currently employed.)						
Ţ	and debring a dutatic are drifted distres, directions, provide day, distribution appropriate						
	Street Clty State Zip Code Country						
1							
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?						
ĺ	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.						
1	NO SELVICE.						
	I don't know						
L							
En	ter your Social Security Number before going to the next page						

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

#3 relative type.										
relative type.							-			
						•				
your relative's ful	l name.									
me			First a	ame			- 1	Middle name		Suffix
•										
	te of birth.		our relativ	e's place of birth.		State		Country (Panuland)		
ionm/Day/Year)	☐ Est.	Only					- 1	Cooling (Medanes)		
vour relative's co		l citizenship	•	•						
<i>t</i> #1				Country #2						
									•	
Complete the fall	owing if the r	elative liste	d is your i	Mother, Father, St	ерп			hild (including adopte	ed/foster), Ste	pchild, Brothe
	Herrier 2 His	sideli italli		_		roon r kno	w	Middle name		Suffix
1161110			1				- 1		1	W411114
this relative used a	any other nar	nes?								
	,	,,,,,,,								•
	sed and the	period of ti	ne that vo	ur relative used the	m (	such as maider	n name	e by a former marriage.	former -	Not applicab
e, alias, or nicknan									L	
ast name				First name		•		Middle name		Suffix I
			•							<u> </u>
	From (Mont	h/Year) -	_	To (Month/Year)		Present	Prov 1	ide the reason(s) why ti	he name chang	ed.
	<u></u>		Est.			Est.	l			
ast name				First name				Middle name		Suffix 
Anidon samo?	From #424	h 04		To described	_		Dear	(do the repend(s) which	a nama chana	ad .
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			_ cat	L First same		Lest.	<u> </u>	Middle same		Suffix
asi name				rust name				Middle flame		Sumx
faiden name?	From (Manii	h/Year)		To (Month/Year)	_	7 0	Prov	de the reason(s) why the	ie name chano	ed.
		,	"I ⊫si		-	J .		uno vanosinto, inig u		
		<u> </u>		First name	-	1		Middle name		Suffix
laiden name?	From (Mont)	h/Year)		To-(Month/Year)	_	Present	Provi	de the reason(s) why the	e name chang	 ed.
TYES NO	ı	Г	Est.	1	F				_	
	your relative's co #1  Complete the following for the provide your name his relative used a provide your name his relative used a provide your name his relative used a provide your name his relative used a provide your name yes NO de other names used a provide your name yes NO de other name?  YES NO dest name aiden name?  YES NO dest name aiden name?  YES NO dest name	your relative's country(les) of #1  Complete the following if the relative used any other name his relative used any other name is alias, or nickname). ast name  isiden name? From (Montination of the provide is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a set name is a	your relative's country(les) of citizenship. #1  Complete the following if the relative liste Sister, Stepbrother, Stepsister, Half-bither, provide your mother's maiden name his relative used any other names?  YES NO de other names used and the period of time, alias, or nickname).  ast name    aliden name?   From (Month/Year)   YES NO   NO     ast name   Stepsister   NO   NO     ast name   Stepsister   NO   NO     ast name   Stepsister   NO   NO     ast name   Stepsister   NO   NO   NO     ast name   Stepsister   NO   NO     ast name   Stepsister   NO   NO     ast name   NO   NO   NO   NO     ast name   NO   NO   NO     ast name   NO   NO   NO   N	your relative's country(les) of citizenship. #1  Complete the following if the relative listed is your Sister, Stepbrother, Stepsister, Half-brother, Half-b	your relative's country(les) of citizenship. #1	City    Est.     Your relative's country(les) of citizenship.   #1	City	City State    Est.   City State	City State Country (Required)  your relative's country(les) of citizenship.  #1	Country (Required)   Country (Required)   Country (Required)   Country (Required)   Country (Required)   Your relative's country(les) of citizenship.   Country #2   Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Step Sister, Stepbrother, Stepsister, Half-brother, Half-sister.   Same as listed   I don't know   I don't know   Rirst name   Middle name   Middle name   Middle name   Middle name   Middle name   Rirst name   Middle name   Rirst name   Middle name   Rirst name   Middle name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirst name   Rirs

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
Entry #2	Provide type of documentation he or she possesses to support U.S. residence.  U.S. Allen registration U.S. Visa Provide document number  Other (Provide explanation)
	Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Manth/Year)  Present  Est.
	Provide methods of contact (Check all that apply).  In person
	Provide approximate frequency of contact.  ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ►
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name  ightharpoonup 1 don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),  Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.
Entry #2	Provide approximate date of first contact. (Manth/Year)  Provide approximate date of last contact. (Manth/Year)  Est.
	Provide methods of contact (Check all that apply).  In person Talephone Electronic (Such as e-mail, texting, chat rooms, etc)  Written correspondence Other (Provide explanation) >
	Provide approximate frequency of contact.  ☐ Daily ☐ Monthly ☐ Annually ☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City  State  Zip Code  Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?  Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	□ NO □ I don't know
Ent	ter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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	Section 18 - Relatives - (Continued	9				
_	Entry #3				•	
	Provide relative type.	•				
	Provide your relative's full name.					
	Last name	Fir	st name		Middle name	Suffix
					Application of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	
	Provide your relative's date of birth.	Provide your re	lative's place of birth.	State	Country (Required)	
	Date (Month/Day/Year)  Est.	July		1		
	Provide your relative's country(les) of	i eltheachin				
	Country #1	Guzenamp.	Country #2			
					ŧ	
	18.1 Complete the following if the	raistiva listed is v	our Mother Eather St	enmother Stanfat	her Child (including adopte	diffector's Stanshild Brother
	Sister, Stepbrother, Stepsis	ster, Half-brother	, Half-sister.	spinoulei, otepiac	. · · · · ·	mosteri, stebrillio, stotiler,
	If mother, provide your mother's m	ialden name.	Same as listed	i don't kno	w	
Faite #3	£ast name	Fir	st name		, Middle name	Suffix
6						1
	Has this relative used any other na	mes?				
	YES NO					,
	Provide other names used and the	period of time tha	t your relative used the	ım (such as maiden	name by a former marriage, i	former Not applicable
	name, alias, or nickname).					Tros oppilidadio
	#1 Last name	•	First name	·	Middle name	Suffix
		*	<u> </u>			
	Malden name? From (Mon	,	To (Month/Year)	Present	Provide the reason(s) why the	e name changed.
	YES NO	Est		Est.		
	#2 Last name		First name	•	Middle name	Suffix
	Maiden name? From (Mon	th/Year)	To (Month/Year)	Present	Provide the reason(s) why the	e name changed.
	YES NO	☐ Est		Est,		
	#3 Last name		First name		Middle name	Suffix
	· · · · · · · · · · · · · · · · · · ·					1
i	Maiden name? From (Mon	th/Year)	. To (Month/Year)	Present	Provide the reason(s) why the	e name changed.
1	YES NO	Est	.	Est.		
	#4 Last name		First name	<del></del>	Middle name	Suffix
				•		
-	Maiden name? From (Mon	lh/Year)	To-(Month/Year)	Present	Provide the reason(s) why the	e name changed.
	YES NO	☐ Est.	1 .	Est.	· · · · · · · · · · · · · · · · · · ·	
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Enter your Social Security Number before going to the next page

Standard Form 86
Revised December 2010
U.S. Office of Personnel Management

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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Section 18 - Relatives - (Continue	adi			
Is your relative deceased?	euj		T VES /// VES	proceed to 18.3)
	Anti-client Income Marking Page	than Diamethan Stinfethan Eas		
Stepchild, Brother, Sister	he relative listed is your Mother, Fa r, Stepbrother, Stepsister, Half-br	other, Half-sister, Father-In-law, I	ter parent, Child (Including a Nother-in-law, Güərdian and	is not deceased.
Sister, Stepbrother, Steps OR Complete the following if th Stepchild, Brother; Sister foreign born and has a U.S.		d is a U.S. Citizen, foreign born and ther, Stepmother, Stepfather, Fost other, Half-sister, Father-in-law, M	is deceased, er parent, Child (including a	dopted/faster),
Provide one type of documentati	ion that he or she possesses and th	·	ation) >	
☐ DS 1350	U.S. Passport			
U.S. Citizenship certificate	None (Provide explanation	ı) <b>&gt;</b>		•
Provide document number.	Provide t	he name of the court that issued the	U.S. Citizenship/Naturalizatio	n certificate,
Provide the address of the court Street	that issued the U.S. Citizenship/Na	ituralization certificate. City	State	Zip Code
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Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steter, Stepbrother, Stepsister, Half-brother, Half-sister, Father-In-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
63	Provide type of documentation he or she possesses to support U.S. residence.
Entry #3	U.S. Allen registration U.S. Visa Provide document number
Ē	☐ Other (Provide explanation) ▶
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)
	Est. ☐ Est.
1	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	☐ Written correspondence ☐ Other (Provide explanation) ▶
ĺ	Provide approximate frequency of contact.
ł	Daily Monthly Annually
-	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶
1	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known). Employer name
	I don't know
1	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
- [	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
1	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
-	□ NO service.
	☐ I don't know
ו ר	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster),
	Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
┛	has a foreign address and is not deceased.
器	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)
Entry #3	☐ Est. ☐ Est.
ŭ,	Provide methods of contact (Check all that apply).
٦	☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
-	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	Daily Monthly Annually
	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) >
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
1	Employer name
	☐ I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the Ligited States; otherwise, provide City State and Zin Code)
	was southly it detailed the drines are the series and series are the series
-	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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rovide relative type.  rovide your relative's full name. est name  First name  Middle name  Suffix  rovide your relative's date of birth. city  State  Country (Required)  Foovide your relative's country(les) of citizenship.  Country #1  Country #2	ection 18 - R	elatives -	(Continued)							
#3 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #3 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #3 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #4 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #5 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #6 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #6 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #6 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #7 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #6 Last name   From (Month/Year)   Est.   First name   Middle name   Suffix   #6 Last name   From (Month/Year)   Est.   First name   Provide the reason(e) why the name changed.   #6 Last name   From (Month/Year)   Est.   First name   Provide the reason(e) why the name changed.   #6 Last name   From (Month/Year)   Est.   First name   Provide the reason(e) why the name changed.   #6 Last name   From (Month/Year)   Est.   First name   Provide the reason(e) why the name changed.   #6 Last name   From (Month/Year)   Est.   Est.   Provide the reason(e) why the name changed.   #6 Last name   Provide the reason(e) why the name changed.   #6 Last name   Provide the reason(e) why the name changed.   #6 Last name   Provide the reason(e) why the name changed.	ntry #4									
First name   First name   Middle name   Suffix	rovide relative	type.					-			
#3 Last name   First name   Middle name   Suffix    #3 Last name   First name   Middle name   Suffix    #3 Last name   First name   Middle name   Suffix    #4 Last name   First name   Middle name   Suffix    #5 Last name   First name   Middle name   Suffix    #6 Last name   First name   Middle name   Suffix    #6 Last name   First name   Middle name   Suffix    #7 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 Last name   Middle name   Suffix    #8 La		· 								
ovide your relative's date of birth.    Intercept		alive's lui	i name.		First name		. Mid	ldfe name		Suffix
City   State   Country (Required)		•								
City   Sister   Country (Required)	ovide your rel	ative's da	te of birth.	Provide you	r relative's place of birth	1,				
#3 Last name				City		State I	Co	untry (Required)		
Country #2   Country #2     Country #2     Country #2     Country #3   Country #4										
#3 Last name   First name   Middle name   Suffix   Suffix   First name   First name   Middle name   Suffix   First name   First name   First name   Middle name   Suffix   First name   Fir		ative's co	untry(les) of (	citizenship.						
#3 Last name	ditty #1		•	,	Country w2					
#3 Last name	18 1 Comple	le the follo	cuing if the r	elative listed i	ie vous Mother Eather	Stenmother Stan	father Child	i (including adopt	edifactor) Sta	nebild Broth
Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.    YES NO	Sister,	Stepbrot	her, Stepsist	ter, Half-brot	is your Mother, Fatter, ther, Half-sister.	, archinomer, arep	Hanier Ounc	i (incidently adopt		permu, prom
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YES NO Est. Est.    Heat name   First name   Middle name   Suffix	#3 Last nam	<b>6</b> .		·	First name			Middle name		Suffix
#4 Last name   Middle name   Suffix    Maiden name? From (Month/Year)   Present   Provide the reason(s) why the name changed.  YES   NO   Est.   Est.										
Maiden name? From (Manth/Year) To (Manth/Year) Present Provide the reason(s) why the name changed.  YES NO Est.			From (Mant)			¹	Provide		he name chan	
Maiden name? From (Manth/Year) To (Month/Year) Present Provide the reason(s) why the name changed.  YES NO Est.	Maiden n	ame?	From (Mant)	h/Year)	To (Month/Year		Provide		he name chan	
TEST. EST.	Maiden n	ame?	From (Month	h/Year)	To (Month/Year			the reason(s) why t	the name chang	ged.
TES NO ESt. Est.	Maiden n	ame?	From (Mant)	h/Year)	To (Month/Year			the reason(s) why t	the name chan	ged.
	Maiden n  YES  44 Last nam	ame?		h/Year)	To (Month/Year Est. First name	Est.		the reason(s) why t		ged. Suffix
	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
e your Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
evous Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
ryour Social Security Number before going to the payt page	Maiden n  YES  4 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Maiden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page 069-68-8543	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the payt page	Maiden n  YES  4 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
r your Social Security Number before going to the next page	Malden n  YES  44 Last nam	ame?		n/Year)	Est. First name To (Month/Year	Est.		the reason(s) why t		ged. Suffix
your docial decarts reminer before going to are next page	Maiden n YES Maiden n YES	ame? NO ame? NO	From (Wonti	n/Year)	Est.  First name  To (Month/Year  Est.	Est.  Present Est.		the reason(s) why t	he name chang	ged. Suffix

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	FR Parts 731, 732, and 736				
	Section 18 - Relatives - (Continued)	*	*		
ı	s your relative deceased?				geed to 18.3) X NO
	18.2 Complete the following if the re Stepchild, Brother, Sister, St	elative listed is your Mother, Father, tepbrother, Stepsister, Half-brothe			
菜	Provide your relative's current addre Street	ss. (Provide City end Country if outside th City		iy, Stale and Zip Code) Code Country	
Entry #4		]			
	Does this relative have an APO/FPC	address? .			,
1		elative's APO/FPO address.	ADO EDO	ABO/EBO 51-1-1 0-1-	71- Ondo
-	NO Address		APO or FPO	APO/FPO State Code	Zip Code
L	1 tour viiow				
	18.3 Complete the following if the re Sister, Stepbrother, Stepsiste	lative listed is your Mother, Father, er, Half-brother, Half-sister and is a			tepchild, Brother,
	OR	lative listed is your Mother, Father,		•	intedifoster).
	Stepchild, Brother, Sister, Ste foreign born and has a U.S. or	apbrother, Stepsister, Half-brothe	r, Half-sister, Father-In-law, Mo	other-in-law, Guardian and is a	U.S. Citizen,
	Provide one type of documentation t		cument number.		
Entry #4	FS 240 or 545	U.S. Naturalization certificate	X Other (Provide explanate	ilon) ▶New York State Driv	er's License
듮	DS 1350	U.S. Passport			
	U.S. Citizenship certificate	None (Provide explanation)			
-	Provide document number.	Provide the n	ame of the court that issued the	U.S. Citizenship/Naturalization	certificate.
1	unk	the seal the PLE Cultural telebrate			
	Provide the address of the court that Street	i issued the U.S. Citizenship/Natural	Zation certificate. City	State	Zip Code
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS.

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steter, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and Is not a U.S. Citizen, has a U.S. address and Is not deceased.
Entry #4	Provide type of documentation he or she possesses to support U.S. residence.  U.S. Alien registration U.S. Visa Provide document number  Other (Provide explanation) >
	Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Est.
	Provide methods of contact (Check all that apply).  In person  Telephone  Electronic (Such as e-mail, texting, chat rooms, etc)  Written correspondence  Other (Provide explanation) >
	Provide approximate frequency of contact.  Daily Monthly Annually  Weekly Quarterly Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name  I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City State Zip Code Country
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?    YES
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a foreign address and is not deceased.
Entry #4	Provide approximate date of first contact. (Month/Year)  Provide approximate date of last contact. (Month/Year)  Est.
	Provide methods of contact (Check all that apply).  In person  Other (Provide explanation)  Electronic (Such as e-mail, texting, chat rooms, etc)
	Provide approximate frequency of contact.  □ Daily □ Monthly □ Annually □ Weekly □ Quarterly □ Other (Provide explanation) ▶
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known),  Employer name  I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)  Street  City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?  Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	☐ I dan't know
Ent	er your Social Security Number before going to the next page 069-68-8543

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

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rovide your relative's full name.  Ist name  First name  First name  First name  Middle name  Suffix  State  Country (Required)  Country #1  Country #1  Country #2  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfether, Child (Including adopted/foster), Stepchild, Brother, Sister, Stephrother, Stepsster, Half-brother, Half-sister.  #1 Last name  First name  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  From (Monith/Year)  Est.  First name  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  From (Monith/Year)  Prasent  YES   NO   Est.   Est.   Provide the reason(s) why the name changed.  Suffix  Middle name  From (Monith/Year)  Prasent  Provide the reason(s) why the name changed.  Suffix  Middle name  Suffix	CFR Parts 731, 732, and 736		NAL SECONII			
covide your relative's full name.  Ist name  First name  Middle name  Suffix  Country (Faquired)  Country (Faquired)  Country #1  Country #2  18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Brother, Slater, Stepbrother, Stepsister, Half-brother, Half-sister.  #1 Last name  First name  Middle name  Suffix  Malden name? From (Month/Year)  To (Month/Year)  To (Month/Year)  To (Month/Year)  First name  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  First name  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  First name  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  First name  Middle name  Suffix  Middle name  Suffix  Middle name  First name  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix  Middle name  First name  Middle name  Suffix  Middle name  First name  Middle name  Suffix  Middle name  Suffix  Middle name  Suffix	Section 18 - Relatives - (Continued					
Suffix staname   First name   Middle name   Suffix   State   Country (Frequired)   State   Count	Entry #5				·	
Suffix   State   Suffix   State   Suffix   State   Suffix   State   Country (Flaquired)   Suffix   State   Country (Flaquired)   State   S	Provide relative type.					
Suffix   State   Suffix   State   Suffix   State   Suffix   State   Country (Flaquired)   Suffix   State   Country (Flaquired)   State   S	Provide your relative's full name	-				
City   State   Country (Required)   Est.   Country (Required)   Est.   Country (Required)   Est.   Country (Required)   Est.   Country #1   Country #2   Country #2   18.1   Complete the following if the relative isted is your Mother, Father, Stepmother, Stepfather, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.  #1 Lest name   First name   Middle name   Suffix	Last name	First name	•	•	Middle name	Suffix
City   State   Country (Required)   Est.   Country (Required)     Est.   Country (Required)     Est.   Country (Required)						
Est.   Country #2	Provide your relative's date of birth.		ace of birth.	State	Country (Required)	
#1 Lest name   First name   Middle name   Suffix   #2 Lest name   First name   First name   Middle name   Suffix   #3 Last name   From (Month/Year)   To (Month/Year)   Present   Provide the reason(s) why the name changed   #4 Last name   First name   Middle name   Suffix   #5 No   Suffix   Present   Provide the reason(s) why the name changed   #6 No   Suffix   Present   Provide the reason(s) why the name changed   #7 Lest name   From (Month/Year)   Present   Provide the reason(s) why the name changed   #6 No   Suffix   Present   Provide the reason(s) why the name changed   #7 Last name   From (Month/Year)   Present   Provide the reason(s) why the name changed   #8 Last name   First name   Middle name   Suffix   #9 Last name   From (Month/Year)   Present   Provide the reason(s) why the name changed   #9 Last name   First name   Middle name   Suffix   #1 Lest name   First name   Middle name   Suffix   #2 Last name   First name   Middle name   Suffix   #3 Last name   First name   Middle name   Suffix   #4 Last name   First name   Provide the reason(s) why the name changed   #4 Last name   First name   Provide the reason(s) why the name changed   #4 Last name   First name   Present   Provide the reason(s) why the name changed   #5 Last name   First name   Provide the reason(s) why the name changed   #6 Last name   Provide the reason(s) why the name changed   #6 Last name   Provide the reason(s) why the name changed   #6 Last name   Provide the reason(s) why the name changed   #6 Last name   Provide the reason(s) why the name changed   #7 Last name   Provide the reason(s) why the name changed   #7 Last name   Provide the reason(s) why the name changed   #7 Last name   Provide the reason(s) why the name changed   #7 Last name   Provide the reason(s) why the name changed   #7 Last name   Provide the reason(s) why the name changed   #7 Last name   Provide the reason(s)			•			
#1 Last name	Provide your relative's country(les) of					
#1 Last name   First name   Middle name   Suffix    #3 Last name   From (Month/Year)   To (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #4 Last name   From (Manth/Year)   To (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #5 Last name   From (Manth/Year)   To (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   From (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   From (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   From (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   Middle name   Suffix   Provide the reason(s) why the name changed.	Country #1	Co	untry #2			
#1 Last name   First name   Middle name   Suffix    #3 Last name   From (Month/Year)   To (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #4 Last name   From (Manth/Year)   To (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #5 Last name   From (Manth/Year)   To (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   From (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   From (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   From (Month/Year)   Prasent   Provide the reason(s) why the name changed.  #6 Last name   Middle name   Suffix   Provide the reason(s) why the name changed.	•,			<del></del>		
#1 Last name	18.1 Complete the following if the a Sister, Stepbrother, Stepsis	relative listed is your Moth ter. Half-brother, Half-sis	er, Father, Stepmoth ster.	er, Stepfather,	Child (including adopted/foster), S	tepchild, Brother,
Maiden name? From (Month/Year)						
Maiden name? From (Month/Year)						
Maiden name? From (Month/Year)						
Maiden name? From (Month/Year)						
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.  #2 Last name First name Middle name Suffix  Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.  #3 Last name First name Middle name Suffix  Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed.  #4 Last name First name Middle name Suffix  #5 NO Est. Provide the reason(s) why the name changed.  #6 Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed.  #6 Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed.						
Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.  #2 Last name First name Middle name Suffix  Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.  #3 Last name First name Middle name Suffix  Maiden name? From (Month/Year) Present Provide the reason(s) why the name changed.  #4 Last name First name Middle name Suffix  #4 Last name First name Provide the reason(s) why the name changed.  #5 Inst name Provide the reason(s) why the name changed.  #6 Inst name Provide the reason(s) why the name changed.  #6 Inst name Provide the reason(s) why the name changed.						
YES   NO   Est.   Est	#1 Last name	Fire	st name		Middle name	Suffix
YES   NO   Est.   Est	·					
#2 Last name   First name   Middle name   Suffix    Malden name?   From (Month/Year)   To (Month/Year)   Present   Provide the reason(s) why the name changed    #3 Last name   First name   Middle name   Suffix    #4 Last name   From (Month/Year)   Present   Provide the reason(s) why the name changed    #4 Last name   First name   Middle name   Suffix    #4 Last name   First name   Middle name   Suffix    #4 Last name   First name   Middle name   Suffix    #5 Maiden name?   From (Month/Year)   Present   Provide the reason(s) why the name changed    Maiden name?   From (Month/Year)   Present   Provide the reason(s) why the name changed		th/Year) To	(Month/Year) Pr	esent Pro	vide the reason(s) why the name cha	inged.
Malden name? From (Month/Year)  To (Month/Year)  Est.  Present Provide the reason(s) why the name changed.  Est.  Middle name Suffix  Maiden name? From (Month/Year)  To (Month/Year)  Present. Provide the reason(s) why the name changed.  Est.  Middle name Suffix  First name Middle name Suffix  Maiden name? From (Month/Year)  First name Present. Provide the reason(s) why the name changed.  Maiden name? From (Month/Year)  To (Month/Year)  Present Provide the reason(s) why the name changed.				t,		
YES       NO       □ Est.       □ Est.       □ Est.       □ Middle name       Suffix         #3 Last name       First name       Middle name       Suffix         Maiden name?       From (Month/Year)       □ Present.       Provide the reason(s) why the name changed.         #4 Last name       First name       Middle name       Suffix         Maiden name?       From (Month/Year)       □ Present.       Provide the reason(s) why the name changed.	#2 Last name .	Fire	st name		M(ddle name 	Suffix
YES       NO       □ Est.       □ Est.       □ Est.       □ Middle name       Suffix         #3 Last name       First name       Middle name       Suffix         Maiden name?       From (Month/Year)       □ Present.       Provide the reason(s) why the name changed.         #4 Last name       First name       Middle name       Suffix         Maiden name?       From (Month/Year)       □ Present       Provide the reason(s) why the name changed.	Maiden name? From (Mon	th/Year) To	(Month/Year)	t Pro	vide the reason(s) why the name cha	Inned
#3 Last name   First name   Middle name   Suffix    Maiden name? From (Month/Year)   To (Month/Year)   Present   Provide the reason(s) why the name changed.    YES   NO     Est.   Est.    #4 Last name   First name   Middle name   Suffix    Maiden name? From (Month/Year)   Present   Provide the reason(s) why the name changed.				1	thing the first feet and a second and a second and	
To (Month/Year)  First name  First name  First name  Middle name  Suffix  Maiden name?  From (Month/Year)  To (Month/Year)  Present  Provide the reason(s) why the name changed.	#3 Last name				Middle name	Suffix
To (Month/Year)  First name  First name  First name  Middle name  Suffix  Maiden name?  From (Month/Year)  To (Month/Year)  Present  Provide the reason(s) why the name changed.						
#4 Last name First name Middle name Suffix  Maiden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	Maiden name? From (Mont	(h/Year) To	(Month/Year) Pr	esent Pro	vide the reason(s) why the name cha	nged.
Malden name? From (Month/Year) To (Month/Year) Present Provide the reason(s) why the name changed.	YES NO	Est.	Es	t		
	#4 Last name	. · Fire	it name		Middle name	Suffix
	W.V					
	· · · · · · · · · · · · · · · · · · ·	4	L-1 ' ''		vide the reason(s) why the name cha	nged.
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Enter your Social Security Number before going to the next page

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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your relative deceased?		•	YES (If YES,	proceed to 18.3)
18.2 Complete the following if the	relative listed is your Mother, Fath	ner, Stepmother, Stepfather, Foster pa other, Half-sister, Father-In-law, Mothe	rent, Child (including	adopted/foster),
ateherina, prouter, dister,	Otephilottes, Otephilotti (1811-010	weet honestell a arter-til-towl mone	7-11-16W, Guardien and	is not deceases.
		er, Stepmother, Stepfather, Child (incl is a U.S. Citizen, foreign born and is dec		Stepchild, Broth
OR				
Complete the following if the Stepchild, Brother, Sister, S	relative listed is your Mother, Fathe Stephrother, Stepsister, Half-brot	er, Stepmother, Stepfather, Foster par ther, Half-sister, Father-in-law, Mother	rent, Child (Including a vin-law Guardian and I	dopted/foster),
foreign born and has a U.S.	or APO/FPO address.		· · · · · · · · · · · · · · · · · · ·	3 & O.O. O
Provide one type of documentation	n that he or she possesses and the	document number.		
FS 240 or 545	U.S. Naturalization certificat	e Other (Provide explanation)	<b>•</b>	
☐ DS 1350	U.S. Passport	·		
U.S. Citizenship certificate	None (Provide explanation)	<b>•</b>	.•	
Provide document number.	Provide the	e name of the court that issued the U.S.	Citizenship/Naturalizatio	n certificate.
			<u> </u>	
	nat issued the U.S. Citizenship/Natu		State	71-0-1-
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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L	iection 18 - Relatives - (Continued)	
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steptother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citize has a U.S. address and is not deceased.	en,
Entry #5	Provide type of documentation he or she possesses to support U.S. residence.	
#	U.S. Allen registration U.S. Visa Provide document number	
ᇤ	Other (Provide explanation)	
٩	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present	
	□ Est. □ Est.	
	Provide methods of contact (Check all that apply).	
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)	
	Written correspondence ☐ Other (Provide explanation) ▶	
	Provide approximate frequency of contact,	
	Daily Monthly Annually	
	☐ Weekly     ☐ Quarterly     ☐ Other (Provide explanation) ▶	
-	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name	
	1 don't know	
- 1	. —	
ļ	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Gode)	mow
İ	Street City State Zip Code Country	
	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?	
	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intellig	ence
	NO Service.	
	i don't know	
_ L		
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Steptather, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-In-law, Guardian and is not a U.S. Citize	n.: .
	has a foreign address and is not deceased.	
Ü	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present	
Entry #5	☐ Est. ☐ Est.	
듄	Provide methods of contact (Check all that apply).	
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)	
	Written correspondence ☐ Other (Provide explanation) ▶	
	Provide approximate frequency of contact.	
	Dally Monthly Annually	
1	☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶	
-	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).	
-	Employer name	
	I don't know	
	Provide the address of current employer, or provide the address of their most recent, employer if not currently employed. (Provide City	
1	and Country if outside the United States; otherwise, provide City, State and Zip Code)	now
ł	Street City State Zip Code Country	
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?	
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelliguate service.	ence
	∐ NO	
	☐ I don't know	
<b>-</b>	·	
_	700 00 00 m	
n	er your Social Security Number before going to the next page	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)	·			
Entry #6		•		
Provide relative type,				
		-		
Provide your relative's full name.  Last name Fire	st name	•	Middle name	Suffix
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	ative's place of birth.			
Date (Month/Day/Year) City		State	Country (Required)	•
Provide your relative's country(ies) of citizenship.				
Country #1	Country #2			
·				,
18.1 Complete the following if the relative listed is you Sister, Stepbrother, Stepsister, Half-brother	our Mother, Father, Step Half-sister.	omother, Stepfathe	er, Child (including adopted/fo	ester), Stepchild, Brother,
If mother, provide your mother's maiden name	Same as listed	l dan't know		
Last name Fin	st name		Middle name	Suffix
To the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th				
Has this relative used any other names?  YES NO				
Provide other names used and the period of time that	t vour relative used them	i (such as mairien n	ame by a former marriage, form	er man
name, alias, or nickname).	TOO TOOLTO GOOD HOLL	(ddair da maidair ii		er Not applicable
#1 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the na	ame changed
YES NO Est		Present F	tovice are residings why me ne	ine manged.
#2 Last name	First name		Middle name	Suffix
Malden name? From (Month/Year)	To (Month/Year)	Present, F	Provide the reason(s) why the na	ame changed
YËS NO Est.		Est.		
#3 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year) ·	To (Month/Year)	Present F	Provide the reason(s) why the na	me changed.
YES NO Est.	1.	Est.	•	-
#4 Last name	First name		Middle name	Suffix
Maiden name? From (Month/Year)	To (Month/Year)		Provide the reason(s) why the na	ame changed,
YES NO Est.		Est,		. '
·				
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	R Paris 731, 732, and 736		TIONAL SEC					
	ction 18 - Relatives - (Continued)				•			
	your relative deceased?							roceed to 18,3) X NO
	18.2 Complete the following if the re Stepchild, Brother, Sister, S	alative listed is you tepbrother, Steps	r Mother, Father, S sister, Half-brother,	tepmother, Half-sister,	Stepfather, F Father-in-law	oster parent, Child , Mother-In-law, G	(including a uardian and i	dopted/foster), s not deceased.
e IE	Provide your relative's current addre Street	ess. (Provide City and	d Country if outside the t . City	Inited States;	otherwise, provid State	ie City, State and Zip C Zlp Code	ode) Country	
Entry #6	diesi		. Ony		O.a.cs	Zip Code	Cobinity	
	Does this relative have an APO/FPO	) address?	- International Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr					
		elative's APO/FP0	O address.					
	NO Address	•	•	١	NPO or FPO	APO/FPO	State Code	Zip Code
	I don't know							
	18.3 Complete the following if the re Sister, Stepbrother, Stepsiste OR Complete the following if the re Stepchild, Brother, Sister, Stepchild, Brother, Sister, Stepsing born and has a U.S. or	er, Half-brother, i lative listed is you epbrother, Stepsi	laif-sister and is a L r Mother, Father, St ister, Half-brother, i	i.S. Citizen, epmother,	foreign born a Stepfather, Fo	nd is deceased. oster parent, Child	(including ac	iopted/foster).
2 1	Provide one type of documentation	that he or she pos	sesses and the docu	ment numb	er.	•		
ະກຳນຸ #6	FS 240 or 545	U.S. Naturali	ization certificate	Other	(Provide expl	anation) >	•	
T	DS 1350	U.S. Passpo				•		
] ,	U.S. Citizenship certificate	None (Provid	le explanation) >					
'	Provide document number.		Provide the nam	e of the cou	int that issued	the U.S. Citizenship	/Naturalization	i certificate.
	Provide the address of the court tha Street	t issued the U.S. C	Clizenship/Naturaliza	cition certifica City	ale.		State	Zip Code
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved OMB No. 3205 000:

	Section 18 - Relatives - (Continued)
	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (Including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Cilizen, has a U.S. address and is not deceased.
<b></b>	Provide type of documentation he or she possesses to support U.S. residence.
Entry #6	U.S. Alien registration U.S. Visa Provide document number
듄	Other (Provide explanation) >
	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year) Present
	☐ Est. ☐ Est.
ı	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
-	☐ Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
- 1	Daily Monthly Annually
	Weekly Quarterly Other (Provide explanation)
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).  Employer name
1	☐ I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
	Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
-	YES — Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence
-	□ NO service.
	☐ I den't know
Ŀ	
	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen,
	has a foreign address and is not deceased.
eg.	Provide approximate date of first contact. (Month/Year) Provide approximate date of last contact. (Month/Year)
Entry #6	Est.
E	Provide methods of contact (Check all that apply).
	In person Telephone Electronic (Such as e-mail, texting, chat rooms, etc)
	Written correspondence ☐ Other (Provide explanation) ▶
	Provide approximate frequency of contact.
	Dally Monthly Annually
1	Weekly Quarterly Other (Provide explanation)
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).
	Employer name
	[ ] I don't know
	Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City
1	and Country if outside the United States; otherwise, provide City, State and Zip Code)
	Street City State Zip Code Country
•	
٠	is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?
	Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
	1 don't know
L	
Ent	er your Social Security Number before going to the next page 069-68-8543

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts				
A foreign national is defined as any person who	is not a citizen or national of	the U.S.		
Do you have, or have you had, close and/or cor (7) years with whom you, or your spouse, or col and/or obligation? Include associates as well as	habitant are bound by affectio	n, influence, comm	on interacte	NO (If NO, proceed to Section 20A)
Complete the following if you responded 'Yes			ontact with a foreign national.	
Entry #1				
Provide the full name of the foreign national,	lf known,		∏ldo	n't know
Last name First na	me	Middle name	Suffix Explana	ation if name is unknown
Provide approximate date of first contact, (Mo	nth/Year) Provide	approximate date o	of last contact. (Month/Year)	Est.
Provide methods of contact (Check all that ap	iply).			
In person	elephone	Electronic (Su	ich as e-mail, texting, chat room	ıs, etc)
Written correspondence	Other (Provide explanation) >	-		
Provide approximate frequency of contact.				
Dally . N	lanthly	Annually	•	
Weekly C	Quarterly	Other (Provid	e explanation) >	
Provide the nature of relationship (Check all t	hat apply).			
Professional or Business	6		Buch as family ties, friendship, a	ffection, common interests, etc)
☐ Obligation (Provide explanation) ▶		Other (Prov	ride explanation) >	
Provide other names and/or nicknames, as ap	opropriate.			
Last name	First name		Middle name	Suffix
	,			
	,			
,				
Provide country(les) of citizenship.	!			
Country #1	Country #2		·	•
Provide date of birth.   I don't know	Provide place of	birth.   I don	n't know	· · · · · · · · · · · · · · · · · · ·
(Month/Day/Year)	City		Country (If country unkno	wn, requires explanation)
☐ Est.				
Provide current address. (Provide City and Count	iry if outside the United States; oth	ierwise, provide City, S		🔲 l don't know
Street	City	State	Zip Code Country	
Does this person have an APO/FPO address?  YES Address  NO 1 don't know	Provide the foreign nationals	s AFO/FPO addres APO or FPO		ate Code Zip Code
Provide the name of the foreign national's cun	rent employer, or provide the	name of their most	recent employer if not currently	employed.
Employer name	,			
		l don't know		
Provide the address of the foreign national's c employed, (Provide City and Country if outside the L				ently I don't know
Street	City	state	Zip Code Country	
Is this foreign national affiliated with a foreign	government, military, security	, defense industry,	or intelligence service?	**************************************
	<del>-</del>	•	military, security, defense indus	stry, or intelligence service.
NO 1 don't know	•		•	
Litto . Li tont Milw				
iter your Social Security Number before	going to the next page		<del></del>	069-68-8543

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you res	sponded 'Yes' t	o have, or have	nao, close and/or		INTRACT WITH E				
Entry #2	·								
Provide the full name of the fore Last name	ign national, if First nam		Middle	e name.		Suffix	[] I don't k Explanation		is unknown
Provide approximate date of firs	t contact. (Mont	ih/Year)	Provide approx	imate date o	f last contac	i. (Month)			
Provide methods of contact (Cha	eak all that nam		Pt		· · · · · · · · · · · · · · · · · · ·		Es	St.	
In person  Written correspondence	☐ Te	"y). lephone her (Provide e)	_	lectrónic (Su	ch as e-mai	l, texting,	chat rooms, e	etc)	
Provide approximate frequency		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-						
Daily Weekly	Mo	inthly arterly	-	nnually ther (Provide	e explanatio		•		٠.
Provide the nature of relationship									
Professional or Business	b follow all the	ar nbb/31°		Personal (S	uch as fami	ly ties, fri	endship, affec	tion, com	mon interest
Obligation (Provide explana	ation) >	•		Other (Provi	ide explana	tion) >			
Provide other names and/or nick	names, as app	propriate.							
Last name	. F	Irst name			Middle nam	в			Suffix
			· · · · · · · · · · · · · · · · · · ·						
			·						<del>                                     </del>
_									
									<del> </del>
	lpi.	Cou	untry #2			·			
Country #1  Provide date of blith.         dor	lp. n't know		vide place of birth.	[] i don	't know Cou	ntry (If co	untry unknown,	requires ex	planation)
Country #1  Provide date of birth.         dor		Pro	vide place of birth.	i don		ntry (If co	untry unknown,	requires ex	planation)
Provide date of birth.   I don Month/Day/Year)   Est. Provide current address. (Provide	n't know	Pro	vide place of birth.		Cou			requires ex	planation)
Provide date of birth.   I don Month/Day/Year)   Est. Provide current address. (Provide Street	n't know e City and Country	Pro City y if outside the Un	vide place of birth.   ited States; otherwise,	provide City, S State	tate and Zip C	Code.)	Country	requires ex	
Month/Day/Year)  Est.  Provide current address. (Provide Street  Does this person have an APO/F	n't know e City and Country FPO address? I	Pro City y if outside the Un	vide place of birth.  viited States; otherwise,  eign national's APO	provide City, S State /FPO addres	tate and Zip C	Code.) B	Country		☐ I dan't
Country #1  Provide date of birth.	e City and Country PPO address? I	Pro City y if outside the Un City Provide the fore	vide place of birth.  iited States; otherwise, sign national's APO	provide City, S State /FPO addres APO or FPO	tate and Zip Cod	Code.)	Country O/FPO State (	Code	
Provide date of birth.	e City and Country PPO address? I	Pro City y if outside the Un City Provide the fore	vide place of birth.   vited States; otherwise,  elign national's APO,  provide the name of	provide City, S State /FPO addres APO or FPO	tate and Zip Cod	Code.)	Country O/FPO State (	Code	☐ I dan't
Country #1  Provide date of birth.	e City and Country PO address? I Address	y if outside the Un City Provide the fore	vide place of birth.  viited States; otherwise, eign national's APO	provide City, S State /FPO addres APO or FPO of their most addon't know	tate and Zip Code Zip Code s.,	AP	Country O/FPO State of	Code	☐ I dan't
Provide date of birth.	e City and Country  PO address? I  Address  national's curre	Pro City  y if outside the Un City  Provide the fore nt employer, or	vide place of birth.  viited States; otherwise, eign national's APO provide the name of	provide City, S State  /FPO addres APO or FPO of their most don't know ress of their r e and Zip Code	tate and Zip Code Zip Code s., code recent employment recent	AP Oyer if no	Country O/FPO State of currently em	Code	☐ I dan't
Provide date of birth.	e City and Country  PO address? I  Address  national's curre	y if outside the Un City  Provide the fore nt employer, or	vide place of birth.  viited States; otherwise, eign national's APO provide the name of	provide City, S State  /FPO addres APO or FPO of their most don't know ress of their r	Itale and Zip Code Zip Code s., code recent employment recent	AP Oyer if no	Country O/FPO State of	Code	☐ I don't
Provide date of birth.	e City and Country PO address? I Address national's curre	Pro City  y if outside the Un City  Provide the fore nt employer, or rrent employer, or city  overnment, mill	vide place of birth.   ited States; otherwise,  sign national's APO  provide the name of provide the address, provide City, State	provide City, S State  /FPO addres APO or FPO of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their mos	tate and Zip Cod Zip Cod S. Tecent empi	AP Over If no	Country  O/FPO State of currently em  If not currently  Country	Code uployed.	☐ I don't
Provide date of birth.	e City and Country PO address? I Address national's curre	Pro City  y if outside the Un City  Provide the fore nt employer, or rrent employer, or city  overnment, mill	vide place of birth.   ited States; otherwise,  sign national's APO.  provide the name of the provide the address, provide City. States, provide City. States	provide City, S State  /FPO addres APO or FPO of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their mos	tate and Zip Cod Zip Cod S. Tecent empi	AP Over If no	Country  O/FPO State of currently em  If not currently  Country	Code uployed.	☐ I don't
Provide date of birth.	e City and Country PO address? I Address national's curre	Pro City  y if outside the Un City  Provide the fore nt employer, or rrent employer, or city  overnment, mill	vide place of birth.   ited States; otherwise,  sign national's APO.  provide the name of the provide the address, provide City. States, provide City. States	provide City, S State  /FPO addres APO or FPO of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their most of their mos	tate and Zip Cod Zip Cod S. Tecent empi	AP Over If no	Country  O/FPO State of currently em  If not currently  Country	Code uployed.	☐ I don't

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19'- Foreign Contacts - (Continued)	•					
Complete the following if you responded 'Yes	to have, or have had, close	and/or continuing c	ontact with	a foreign na	ational.	
Entry #3		-	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Provide the full name of the foreign national, Last name First na		Middle name		Suffix	I don't know Explanation if name	is unknown
Provide approximate date of first contact. (Mo	nih/Year) Provide	approximate date o	of last cont	act. (Month/Y	ear) .	
	ply). elephone )ther (Provide explanation)	Electronic (Su	ich as e-m	all, texting, c	chat rooms, etc)	
	Ponthly Quarterly	Annually Other (Provid	e explanat	ion) ≽		
Provide the nature of relationship (Check all in Professional or Business Dobligation (Provide explanation)	hat apply).	Personal (S			ndship, affection, com	mon interests, etc
Provide other names and/or nicknames, as a	T					1
Last name	First name		Middle na	me		Suffix
Provide country(les) of citizenship. Country #1	Country #2					
Provide date of birth.  I don't know (Month/Day/Year)	Provide place o	f birth. 🔲 i do	n't know Co	ountry (If cou	ntry unknown, requires ex	planation)
Provide current address. (Provide City and Cour Street	dry if outside the United States; of City	harwise, provide City, S State	State and Zip ZIp Co		Country	l don't know
Does this person have an APO/FPO address  YES Address  NO I don't know	Provide the foreign national	's APO/FPO addres		APC	)/FPO State Code	Zip Code
Provide the name of the foreign national's cur Employer name	rent employer, or provide the	name of their most	recent em	iplayer if nat	currently employed.	
Provide the address of the foreign national's of employed. (Provide City and Country if outside the Street					if not currently	l don't know
Is this foreign national affiliated with a foreign  YES Describe the co	government, military, security ontact's relationship with the f		_			gence service,
nter your Social Security Number before	going to the next page				069	-68-8543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	s - (Continued)					
Complete the following if you	ı responded 'Yes' to have,	or have had, close :	and/or continuing c	ontact with a foreign	national.	
Entry #4	•					
Provide the full name of the Last name	foreign national, if known. First name		Middle name	Suffix	I don't know Explanation if name	e is unknown
Provide approximate date o	first contact. (Month/Year)	1	approximate date	of last contact. (Month		
		Est.			Est.	
Provide methods of contact In person	☐ Telephone			uch as e-mail, texting	, chat rooms, etc)	
Written correspondence		vide explanation)	<u> </u>			
Provide approximate freque			,			1
Daily	Monthly		Annually			
VVeekly	Quarterly		U Other (Provid	le explanation) 🕨		
Provide the nature of relation Professional or Busines Obligation (Provide exp	s ,	•		Such as family ties, for	riendship, affection, co	mmon interests
	nicknames, as appropriate					
Last name	First nam			Middle name		Suffix
Boat Hollio	7 (13)			THE STORY HOLD		- Collin
	. ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Provide date of birth.	l don't know	Provide place of	f birth. 1 do	n't know Country (// co	ountry unknown, requires	explanation)
	Est.					
Provide current address. <i>(Pr</i> Strest	rovida City and Country if outside City	e the United States; oti	herwise, provide City, State	State and Zip Code.) Zip Code	Country	I don't I
Ooes this person have an AP YES NO I don't know	Address	the foreign national	's APO/FPO addre APO or FP		PO/FPO State Code	Zip Code
	ign national's current emplo	oyer, or provide the	name of their most	recent employer if n	ot currently employed.	
	•		I don't know			
	reign national's current em				er if not currently	
mployed <u>.</u> ( <i>Provide Cily and</i> Co Itreat	suntry if outside the United State City	s; atherwise, provide C	City, State and Zip Cod State	Zip Code	Country	LJ Tudnitk
this foreign national affiliat	ed with a foreign governme				ce? efense industry, or intel	ligence service
□YES →	•	•				
YES	•				·	9-68-8543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you responded YES to having Groving franchal Interests (such as stocks, property, Investments, bank accounts, eveneship of corporate antilles, copprante Interests or husbasses) in which you have drect control or direct ownership? (Exclude financial Interests in companial diversified mutual funds that are publicly irraded on a U.S. exchange.)  Provide that the type of financial interest.  Provide the type of financial interest was acquired (auch as purchase, gift, etc.).  Provide the cost (in U.S. dollars) at time of provide the cost (in U.S. dollars) at time of provide the cost (in U.S. dollars) at time of provide the cost (in U.S. dollars) at time of provide the date control or ownership was sold, lost or otherwise disposed of:  Provide the date control or ownership was relinquished, <i>Month/Day/veal</i> Date Street In No.  Provide the date control or ownership was relinquished, <i>Month/Day/veal</i> Date Street In No.  Provide the date control or ownership was sold, lost or otherwise disposed of.  Provide the date control or ownership was sold, lost or otherwise disposed of.  Provide the date control or ownership was sold, lost or otherwise disposed of.  Provide the date control or ownership was sold, lost or otherwise disposed of.  Provide the date control or ownership was sold, lost or otherwise disposed of.  Provide the date control or ownership was sold, lost or otherwise disposed of.  Provide the nature of your relationship was sold, lost or otherwise disposed of.  Provide the nature of your relationship with the co-own or owners country (tes) of pilizenship.  Country \$1  Provide the nature of your relationship with the co-own Provide the nature of your relationship with the co-own Provide the co-owner's country (tes) of pilizenship.  Country \$2  Provide the nature of your relationship with the co-own Provide the nature of your relationship with the co-own Provide the co-owner's country (tes) of dilizenship.  Country \$1  Provide the nature of your relationship with the co-own Provide the	OA.1 Have you, your spouse, o stocks, property, investm businesses) in which you companies or diversified	ents, bank accounts, or they have direct co	ownership of corporate e ontrol or direct ownership	ntitles, corporate Inte 7 (Exclude financial	erests or	YES XNC	) (If NO, proceed to 20/
Entry \$1 Specify (Check all that apply): Yourself Spouse Cohabitant Dependent children  Provide the type of financial interest. Provide the data scquired. (Month/Day/Year)	corporate entities, corporate in	terests or businesses	i) in which you had or ha				
Provide the type of financial interest.  Provide the date acquired. (Month/Day/Year)  Est.  Provide how the financial interest was acquired (such as purchase, gift, etc.).  Provide the cost (In U.S. dollars) at time of provide the current value (In U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of.  Est.  Provide the date control or ownership was relinquished. (Month/Day/Year)  Date  Est.  Provide the date control or ownership was relinquished. (Month/Day/Year)  Date  Est.  Not Applicable  Are there any co-owners of this foreign financial interest?  YES NO  #1 Provide full name of co-owner.  Last name  First name  First name  Middle name  Suffix  Provide the co-owner's country(les) of cilizenship.  Country #2  Provide full name of co-owner.  Last name  First name  First name  First name  Middle name  Suffix  Provide full name of co-owner.  Last name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First name  First							
Provide how the financial interest was acquired (such as purchase, gift, etc.).  Provide the cost (in U.S. dollars) at time of covereship was sold, lost or otherwise disposed of:    Est.	Specify (Check all that apply):	Yourself	Spouse	Cohabitant	☐ Dependent	children	
Provide the cost (in U.S. dollars) at time of	Provide the type of financial in	terest.	Provide the dat	1000	_		
acquisition.	Provide how the financial interest	est was acquired (suc	ch as purchase, gift, etc.)		] Cat.		
Provide the date control or ownership was relinquished. (Month/Day/Year) Date		s) at time of	ownership was			at the time control	_
Date	Provide the date control or own	rerehin was relinquist		Provide avolana	tion of how interest	control or owners	
Are there any co-owners of this foreign financial interest?    YES   NO	•	recattib was reminding				. Contact of owners	inh was soid! idst Of
Are there any co-owners of this foreign financial Interest?    YES   NO		•					
#1 Provide full name of co-owner.  Last name  First name  First name  Middle name  Suffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City  State  Zip Code  Country  Provide your co-owner's country(les) of citizenship.  Country #2  Provide full name of co-owner.  Last name  First name  Middle name  Suffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City  State  Zip Code  Country  Provide your co-owner's country(les) of citizenship.	Are there any co-owners of this	s foreign financial inte		- 1			
Last name  First name  Middle name  Sufffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City  State  Zip Code  Country  Provide the nature of your relationship with the co-own  #2 Provide full name of co-owner.  Last name  First name  Middle name  Suffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City  State  Zip Code  Country  #2 Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City  State  Zip Code  Country	YES NO						
Street City State Zip Code Country  Provide your co-owner's country(les) of cilizenship.  Country #1 Country #2 Provide the nature of your relationship with the co-own  #2 Provide full name of co-owner.  Last name First name Middle name Suffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street City State Zip Code Country  Provide your co-owner's country(les) of citizenship.			First name		Middle name		Suffix
Street City State Zip Code Country  Provide your co-owner's country(les) of cilizenship.  Country #1 Country #2 Provide the nature of your relationship with the co-own  #2 Provide full name of co-owner.  Last name First name Middle name Suffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street City State Zip Code Country  Provide your co-owner's country(les) of citizenship.	Provide the co-owner's curr	ent address. ( <i>Provide</i>	City and Country if outside the	he United States; otherw	l Ise, provide City, State	and Zip Code.)	1
Country #1 Country #2 Provide the nature of your relationship with the co-own  #2 Provide full name of co-owner. Last name First name Middle name Suffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street City State Zip Code Country  Provide your co-owner's country(les) of citizenship.			· -				
Last name  First name  Middle name  Suffix  Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)  Street  City  State  Zip Code  Country  Provide your co-owner's country(ies) of citizenship.						re of your relations	ship with the co-owne
Street City State Zip Code Country  Provide your co-awner's country(ies) of citizenship.			First name		Middle name	t	Suffix
Street City State Zip Code Country  Provide your co-awner's country(ies) of citizenship.	Provide the co-owner's curr	ent address: (Pmuide	City and Country if outside the	a United States otheru	ise omuide City State	and Zin Code i	
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					Provide the natu	re of your relations	ship with the co-awne
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Complete the following if you re corporate entities, corporate into	sponded 'YES' to erests or busines	having foreign financial h ses) in which you had or h	iterests (such as stor lave direct control or	cks, property, inves direct ownership?	itments, bank accou (Exclude financial in	ints, ownership of
diversified mutual funds that are	publicly traded o	on a U.S. exchange.)				
Entry #2		•				
Specify (Check all that apply):	Yourself	Spouse	Cohabitant	Dependen Dependen	t children	
Provide the type of financial inte	rest.	Provide the d	ate acquired. (Month/	Day/Year)		
				Est.		
Provide how the financial interes	st was acquired (	such as purchase, gift, etc	z.).			
Provide the cost (in U,S, dollars ecquisition.	at time of	Provide the c	urrent value (in U.S. _. as sold, lost or otherv	dollars) or the value	e at the time contro	or
s and a south man is		Est.		riac diapuasa or.		<u></u>
Provide the date control or owner	rehio wae relinn		Provide evolun	ation of how interes	st control or owners	L L
Pate	statip was teilidi	Est.	otherwise disp		at control of owners	
		. Not Applica	ble			
Are there any co-owners of this	foreign financial					
YES NO	_				4	
1 Provide full name of co-owner		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;				
Last name	и.	First name		Middle name		Suffix
			•		•	1
Provide the co-owner's curre	nt address. (Prov	l ride City and Country if outside	the United States; other	rwise, provide City, Sta	ate and Zip Code.)	
Street		City	State	Zip Code	Country	
	-					
Provide your co-owner's cou	ntry(les) of citizer					
Country #1		Country #2	•	Provide the na	ture of your relation	ship with the co-c
					•	
2 Provide full name of co-owns  Last name	r	First name				Suffix
east libitie		Hat Harlis		IVIDUE HEITIE		i
Provide the co-owner's curre	nt address (Pmi	ide City and Country if outside	the United States: other	nuice amuide Clin Sta	te and Zin Code	
Street		City	State	Zip Code	Country	
	1	•				
Provide your co-owner's cour	ntry(les) of citizen	ship.				
Country #1		Country #2		Provide the nat	ture of your relation	ship with the co-c
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#### **QUESTIONNAIRE FOR** NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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	someone controlled on your behalf? mplete the following if you responded "Yberests that someone controlled on your b		cohabitant, or depe	ndent children havi	ng EVER had any i	oreign financial
¥1	Provide the full name of co-owner.					
	Last name	First name		Middle nan	18	Suffix
	Provide the co-owner's current address. (Provide the co-owner's current address.)	rovide City and Country if outsi City	ide the United States; othe State	erwise, provide City, Stat Zip Code	e and Zip Code.) . Country	
	Provide the co-owner's country(les) of citize Country #1	nship. Country #2		Provide your rela	ationship with the co	o-owner.
	Provide the full name of co-owner.	· · · · First name · · · · · · · · · · · · · · · · · · ·			<u>.</u>	Suffix
	Provide the co-owner's current address. (Provide the co-owner's current address.)	rovide Cily and Country if outsi City	ide the United States; othe State	erwisa, provide City, Stat Zip Cade	e and Zip¹Code.) Gountry [	
	Provide the co-owner's country(les) of citize	nshin				
	Country #1	Country #2	·	Provide your rela	ationship with the co	o-owner.
				· · · · · · · · · · · · · · · · · · ·		
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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Section 20A - Foreign Activities - (Continued) Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf. #1 Provide the full name of co-owner. Last name First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) City Street Zip Code Country State Provide the co-owner's country(les) of citizenship. Country #1 Country #2 Provide your relationship with the co-owner. #2 Provide the full name of co-owner. Last riame First name Middle name Suffix Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.) Street City State Zip Code Country Provide the co-owner's country(les) of citizenship. Provide your relationship with the co-owner. Country #1 Country #2

Enter your Social Security Number before going to the next page

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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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e of your relationship with the co-ow
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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emplete the following if you responded 'Yes' to	o you, your spouse, cohabitant,	or dependent chi	ildren having EVER	Rowned, or anticipate ow	ning, or pl
purchase real estate in a foreign country.					
Provide the full name of co-owner.					
Last name	, First name		Middle name		Suffix
		•		(	
Provide the co-owner's current address. (Pro					
Street	City	State	Zip Cade	Country	
· .			i		
	·				
Provide the co-owner's country(les) of citizen					
Provide the co-owner's country(les) of citizen Country #1	ship. Country #2		Provide the nati	ure of your relationship w	th the co-c
			Provide the nati	ure of your relationship w	ith the co-c
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			Provide the nati	ure of your relationship w	ith the co-d
			Provide the nati	ure of your relationship w	ith the co-c

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20A - Foreign Activities -	- (Continued)			
	o receive in the future, a		on received in the past seven retirement, social welfare, or	YES X NO (II NO, Proceed to 20A
Complete the following if you res years, or are eligible to receive in				t children received of the past seven (7) 1 benefit from a foreign country,
Entry #1				
Specify (Check all that apply)	Yourself	Spouse	Cohabitant	Dependent children
Provide the type of benefit.	Educational     Other such benef	Medical it (Provide explanation)	Retirement	Social Welfare
Provide the frequency of the	Onetime benefit (		Future benefit (Complete (b))	Continuing benefit (Camplete (c))
benefit.	Other (Complete (c	)) (Provide explanation)	•	
(a) If you have indicated that you	ı, your spouse, cohabili	ant, or dependent childre	n received a onetime benefit fo	om a foreign country:
Provide the date the benefit was received. (Month/Day/Yea	Provide the nam	e of the country	Provide the total value (in U. dollars) of the benefit receive	S. Provide the reason this benefit
	Est.			Est.
	you, your spouse, your s, provide explanation,	cohabitant, or dependan	it children obligated in any way	y to this foreign country?
(b) If you have indicated that you	ı, your spouse, cohabit;	int, or dependent childre	n expect to receive a benefit fr	om a foreign country:
Provide the date the benefit w begin. (Manth/Day/Year)	Annua		vili be received.  Other (Provide expla	anation) 🕨
,	Est. Quart	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
Provide the name of the coun	itry providing this benef	it. Provide the value (in benefit to be received		Provide the reason this benefit will received.
				☐Est.
	you, your spouse, your s, provide explanation.	cohabitant, or dependan	t children obligated in any way	/ to this foreign country?
(c) If have indicated that you, you	ur spouse, cohabitant, o	or dependent children rec	ceive a continuing or other be	nefit from a foreign country:
Provide the date the benefit b	egan. (Monih/Day/Year)	. Provide the da	te the benefit is expected to er	nd. (Month/Day/Year)
·		Est.	·	Est.
Provide the frequency that this	s benefit is received.			
Annually .	Monthly	Other (Prov	/ide explanation) >	·
Quarterly	Weekly			
Provide the name of the count benefit.		Provide the total value (la cenefit.	U.S. dollars) or	Provide the reason this benefit is being received.
			∏Est.	
As a result of this benefit are y	you, your spouse, your s, provide explanation.	cohabitant, or dependan		to this foreign country?
NO				
**************************************				
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 20A - Foreign Activities.	· (Continued)				
Complete the following if you res years, or are eligible to receive it	ponded 'YES' to as a Un the future, any educat	.S. citizen, you, your spoi lonal, medical, retiremen	use, cohabitant, or depende , social welfare, or other su	nt children received in ch benefit from a forei	the past seven (7) gn country.
Entry #2					
Specify (Check all that apply)	Yourself Yourself	Spouse	Cohabitant Cohabitant	Dapendent	children
Provide the type of benefit.	☐ Educational ☐ Other such benefi	Medical (Provide explanation)	Retirement	Social Welf	are
Provide the frequency of the benefit.	Onetime benefit (c	Complete (a)) []	Future benefit (Complete (b))	Continuing	benefit (Complete (c))
(a) If you have indicated that you	, your spouse, cohabila	nt, or dependent children	received a onetime benefit	from a foreign country	·
Provide the date the benefit was received. (Month/Day/Yea.	1		Provide the total value (in Udollars) of the benefit receive	red. was red	the reason this benefit eived.
	Est.			Est.	
As a result of this benefit are  YES If yes	you, your spouse, your s, provide explanation.	cohabitant, or dependant	children obligated in any wa	ay to this foreign coun	try?
(b) If you have indicated that you	, your spouse, cohabita	nt, or dependent children	expect to receive a benefit	from a foreign country	:
Provide the date the benefit w	vill Provide the	frequency the benefit w	ll be received.		
begin. (Month/Day/Year)	Est. Quarte	ily Monthly Veekly	Other (Provide exp	olanation) >	
Provide the name of the coun	try providing this benefi	<ol> <li>Provide the value (in benefit to be received</li> </ol>		Provide the received.	reason this benefit will b
По	s, provide explanation.				
s) if have indicated that you, you		Maria			country;
Provide the date the benefit b	egan. (Month/Day/Year)	Provide the dat	the benefit is expected to e	end. (Month/Day/Year)	Est.
Provide the frequency that this Annually Quarterly	s benefit is received,  Monthly  Weekly	Other (Provi	de explanation) ▶		
Provide the name of the count benefit.		Provide the total value (in penefit.	_	received.	n this benefit is being
As a result of this benefit are y  YES If yes	you, your spouse, your s, provide explanation.	cohabitant, or dependant	children obligated in any wa	ay to this foreign coun	try?
	•				
•					
r your Social Security Numi	ber before going to	the next page		<b>→</b> '	069-68-8543

#### **QUESTIONNAIRE FOR** NATIONAL SECURITY POSITIONS

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Form approved: OMB No. 3206 0005

ection 20A - Foreign Activities - (Continued	1					
DA.6 Have you EVER provided financial sup	port for any foreign national?			YES X N	O (If NO, procee	ed to 208
Complete the following if you responded 'Yes	to providing financial support for a	ny foreign nati	onal.			
Entry #1						
Provide the name of the foreign national you s Last name	support or have supported financial First name	ly.	Middle name		Suffix	
Provide the address of the foreign national list		outside the Unite			Zip Code.)	
Street	City .	State	Zip Code	Country		
Provide the nature of your relationship with the	e foreign national listed above.	Provide the	amount (in U.S. dolla	rs) of all financia	l support provi	ided.
Provide the frequency of your support.	Provide this foreign national's co Country #1	ountry(les) of ci	itizenship. Country #2		,	
Entry #2						
Provide the name of the foreign national you s Last name	support or have supported financial First name	ly.	Middle name		Suffix	
Provide the address of the foreign national list Street	ed above. (Provide City and Country if City	outside the Unite State	d States; otherwise, prov Zip Code	ide Cily, State and . Country	Zip Code.)	
Provide the nature of your relationship with the	e foreign national listed shove	Provide the	l amount (in U.S. dolla	re) of all financia	Europart provi	dod
	•			10) Of all (mariola	- aupport provi	E
Provide the frequency of your support.	Provide this foreign national's co Country #1	iuntry(tes) of ci	Country #2			
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	n 208 - Foreign Business, Professional Ac					
0B.1	Have you in the past seven (7) years prov foreign business or other foreign organizable (Answer "No" if all your advice or support w	on that you have not previ	lously listed as a fo	rmer employer?	YES X NO (If NO, pr	oceed to 20
Comp	plete the following if you responded 'Yes' to t less or other foreign organization that you ha	having in the past seven we not previously listed as	(7) years provided a former employe	l advice or support to any in	ndividual associated w	ith a foreig
Entry						
	de a description of advice/support provided.	Provide the name of t Last name	he Individual to who First n	om advice or support was p name	provided, Middle name	Suffix
	de the name of the foreign organization or fo ciated.	reign business with whom	the individual is	Provide the country of orig	I In for the organization	or busine
From	de the date(s) during which this advice or sup Date (Month/Year) To Date (Mo		Describe what o	ompensation, if any, was p	rovided for your servic	e.
Entry						,
Provid	de a description of advice/support provided	Provide the name of the Last name	he individual to who	om advice or support was p name	orovided. Middle name	Suffix
	de the name of the foreign organization or fo slated.	reign business with whom	the individual is	Provide the country of orig	in for the organization	or busine
Provide From	de the date(s) during which this advice or sur Date (Month/Year) To Date (Mo		Describe what c	ompensation, if any, was p	ravided for your service	e,
	equestion, 'Immediate Family' means your spi				ep-children, and coha	bitant.
B.2	question, 'Immediate Family' means your spe Have you, your spouse, cohabitent, or any or been asked to provide advice or serve as a official or agency? (Answer 'No' if all the ad- Government business.)	ouse, parents, step-paren member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabile	e family in the pas ly, by any foreign g rized pursuant to o ant, or any membe	t seven (7) years YE povernment fficial U.S. r of your immediate family i	S X NO (If NO, pro	ceed to 20
B.2 Comp	question, 'Immediate Family' means your spo Have you, your spouse, cohabitent, or any of been asked to provide advice or serve as a official or agency? (Answer 'No' if all the ad- Government business.) Diete the following if you responded 'Yes' to y asked to provide advice or serve as a consul	ouse, parents, step-paren member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabile	e family in the pas ly, by any foreign g rized pursuant to o ant, or any membe	t seven (7) years YE povernment fficial U.S. r of your immediate family i	S X NO (If NO, pro	ceed to 20
Comp been Entry	question, 'Immediate Family' means your spotential or any of been asked to provide advice or serve as a official or agency? (Answer 'No' if all the advice or serve as a convernment business.)  Diete the following if you responded 'Yes' to yeaked to provide advice or serve as a consultation of the government official.	ouse, parents, step-paren member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabile	e family in the pas ly, by any foreign g rized pursuant to o ant, or any membe	t seven (7) years YE povernment fficial U.S. r of your immediate family i	S X NO (If NO, pro	ceed to 20 ven (7) ye
Comp been Entry Provic Last n	question, 'Immediate Family' means your spotential or any of been asked to provide advice or serve as a official or agency? (Answer 'No' if all the advice or serve as a convernment business.)  Diete the following if you responded 'Yes' to yeaked to provide advice or serve as a consultation of the government official.	ouse, parents, step-paren member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabite itant, even informally, by a	e family in the pas ly, by any foreign g rized pursuant to o ant, or any member any foreign governr	t seven (7) years YE povernment ifficial U.S. r of your immediate family in ment official or agency.	S NO (II NO, pro	ceed to 20 ven (7) ye
Comp been Entry Provid Last n	question, 'Immediate Family' means your spot Have you, your spouse, cohabitant, or any rebeen asked to provide advice or serve as a official or agency? (Answer 'No' if all the addition of the following of your esponded 'Yes' to yeasked to provide advice or serve as a consultant the following of your esponded 'Yes' to yeasked to provide advice or serve as a consultant the following of the government official.	ouse, parents, step-parent member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabite tlant, even informally, by a First name	e family in the pas ly, by any foreign g rized pursuant to o ant, or any member any foreign governo Provide the coun	t seven (7) years YE povernment ifficial U.S. r of your immediate family i ment official or agency.  Middle name	S NO (II NO, pro	ceed to 20 ven (7) ye
Comp been Entry Provid Last n	question, 'Immediate Family' means your spoteen asked to provide advice or serve as a official or agency? (Answer 'No' if all the addiction of the following if you responded 'Yes' to yasked to provide advice or serve as a consulting the name of the government official.  The the name of the agency.  The date of the request. (Month/Year)	ouse, parents, step-parent member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabite tlant, even informally, by a First name	e family in the pas ly, by any foreign g rized pursuant to o ant, or any member any foreign governo Provide the coun	t seven (7) years YE povernment ifficial U.S. r of your immediate family i ment official or agency.  Middle name	S NO (II NO, pro	ceed to 20 /BN (7) ye
Comp been Entry Provid Last n	question, 'Immediate Family' means your spoteen asked to provide advice or serve as a official or agency? (Answer 'No' if all the advice or serve as a consultation of the following if you responded 'Yes' to yasked to provide advice or serve as a consultation of the government official.  The the name of the government official is the date of the request. (Month/Year)  Est. #2  The the name of the government official.	ouse, parents, step-parent member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabite tlant, even informally, by a First name	e family in the pas ly, by any foreign g rized pursuant to o ant, or any member any foreign governo Provide the coun	t seven (7) years YE povernment ifficial U.S. r of your immediate family i ment official or agency.  Middle name	S NO (II NO, pro	ven (7) ye
Comp been Entry Provid Provid Provid Entry Provid Last n	question, 'Immediate Family' means your spoteen asked to provide advice or serve as a official or agency? (Answer 'No' if all the advice or serve as a consultation of the following if you responded 'Yes' to yasked to provide advice or serve as a consultation of the government official.  The the name of the government official is the date of the request. (Month/Year)  Est. #2  The the name of the government official.	ouse, parents, step-parent member of your immediate consultant, even informal vice or support was autho you, your spouse, cohabita itant, even informally, by a	e family in the pas ly, by any foreign g rized pursuant to o ant, or any member any foreign governo Provide the coun notes of request,	t seven (7) years YE povernment ifficial U.S.  r of your immediate family iment official or agency.  Middle name  try with which the government	S NO (II NO, pro	ren (7) ye
Comp been Entry Provid Provid Entry Provid Last n	question, 'Immediate Family' means your spotestion, 'Immediate Family' means your spotes averaged and the provide advice or serve as a official or agency? (Answer 'No' if all the advice or serve as a consultate the following if you responded 'Yes' to yasked to provide advice or serve as a consultate the name of the government official.  The the name of the agency.  The the date of the request. (Month/Year)  Est.  #2  The the name of the government official.  The the name of the government official.	ouse, parents, step-parenter member of your immediate consultant, even informal vice or support was authorou, your spouse, cohabitalitant, even informally, by a First name  Provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter p	e family in the pas ly, by any foreign g rized pursuant to o ant, or any member any foreign governr  Provide the coun  ces of request,  Provide the coun	t seven (7) years YE povernment ifficial U.S. r of your immediate family iment official or agency.  Middle name try with which the government official or agency.	S NO (II NO, pro	ceed to 200 ren (7) ye x x
Comp been Entry Provid Provid Provid Entry Provid Last n	question, 'Immediate Family' means your spotes asked to provide advice or serve as a official or agency? (Answer 'No' if all the advice or serve as a consultation of the following if you responded 'Yes' to yasked to provide advice or serve as a consultation of the government official.  The the name of the government official is the name of the agency.  The the date of the request. (Month/Year)  Est.  #2  The the name of the government official is the name of the government official.  The the name of the government official is the name of the agency.	ouse, parents, step-parenter member of your immediate consultant, even informal vice or support was authorou, your spouse, cohabitalitant, even informally, by a First name  Provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter provide the circumstanter p	e family in the pas ly, by any foreign g rized pursuant to o ant, or any member any foreign governr  Provide the coun  ces of request,  Provide the coun	t seven (7) years YE povernment ifficial U.S. r of your immediate family iment official or agency.  Middle name try with which the government official or agency.	S NO (II NO, pro	ven (7) ye x x s affiliated

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

-	n Business, Profes					
consultant, o	ign national in the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participat	ent with them'	7 .			NO (If NO, proceed to 20
Complete the follow consultant, or cons	ving if you responded ider employment with	d 'Yes' to any h them.	foreign national havi	ng in the past sev	en (7) years offered you a job, asked	you to work as a
Entry #1						
	of the foreign nationa	I who made ti			Ritalia	Suffix
Last name			First name		Middle name	Sullix
Provide a description	on of the position offe	ered.	Provide the date w		Did you accept the offer?	
			was extended. (Mo	nth/Year)	☐ YES Explanation ▶	
				Est.	NO Explanation ▶	
	where this occurred.				ise, provide City, State and Zip Code.)	
City	·	State	Zip Code	Country		
Entry #2						
	f the foreign national	l who made th				
Last name			First name		Middle qama	Suffix
Provide a description	n of the position offe	red.	Provide the date wi	nen this offer	Did you accept the offer?	<del></del>
			was extended. (Mai	nth/Year)	YES Explanation >	
		•		Est.	NO Explanation ▶	
Provide location of	where this occurred.	(Provide City ar	nd Country if outside the	United States; otherwi	ise, provide City, State and ZIp Code.)	
City		State	Zip Code	Country .		
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

DB.4 Have you in the past seven national not described above	(7) years been invol (own, co-own, serve	ved in any other typ as business consu	e of business ve Itant, provide fina	nture with a foreign ancial support, etc.)?	YES X	NO (If NO, proceed to 20
Complete the following if you responstional not described above.	nded 'Yes' to having	In the past seven	(7) years been l	nvolved in any other ty	pe of business	venture with a foreign
Entry #1						
Provide the full name of this foreign Last name		st name		Middle name		Suffix
Provide the full current address of t Street	his foreign national. ( City	Provide City and Count	ry if outside the Un State	ited States; otherwise, pro- Zip Code	vide City, State an Country	d Zip Cade.)
Provide the citizenship(s) of this for Country #1	eign national.	Country #2				
Provide a description of the busines	ss venture.			Provide	your relationsh	nip to this foreign nation
Provide the length of time you have From Date (Manth/Year)  Est.	been involved in the To Date (Month/Yes		Provide the nate this business ve	ure of association with enture.	Provide the	position you held.
Provide the service you provided.	Provide the finar	ncial support involve	d. Provide a	description of what co	mpensation wa	s provided for your ser
Entry #2					1	
Provide the full name of this foreign Last name	Fin	st name		Middle name		Suffix
Provide the full current address of t Street	his foreign national. ( City	Provide City and Count	ny if outside the Uni State	Zip Code	vide City, State an Country	d Zip Code.)
Provide the citizenship(s) of this for Country #1	eign national.	Country #2				
Provide a description of the busines	ss venture.	<u></u>		Provide	your relationsh	ip to this foreign nation
Provide the length of time you have From Date ( <i>Month/Year</i> )	been involved in the To Date (Month/Year	:	Provide the nate this business ve	ure of association with enture,	Provide the	pasition you held.
Provide the service you provided.	Provide the finan	cial support involve	d. Provide s	description of what co	mpensation wa	s provided for your sen
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

seminars, or mee	past seven (7) years at tings outside the U.S.? ( U.S. government.)	tended or participated I (Do not include those y	n any conferences, trade s ou attended or participated	shows, d in on official	YES X	NO (If NO, proceed to 20
Complete the following or meetings outside the		o in the past seven (7	) years having attended or		any conferences	, trade shows, seminar
Entry #1				· · · · · · · · · · · · · · · · · · ·		
Provide the name and o	description of event.	Provide the dates for From Date (Month/Y		er) Present	Provide the pu	rpose of the event.
Provide the name of spo	onsoring organization.	Provide the city who	ere the event was held.	Provide the co	untry where the	event was held.
Was there any subsequ	ent contact with any fore Provide explanation for each contact,	eign nationals as a resu Contact #1 Contact #2 Contact #3 Contact #4	ult of the event?			
Entry #2						
Provide the name and d	lescription of event.	Provide the dates for From Date (Month/Y		r/ Present	Provide the pu	rpose of the event.
Provide the name of spo	onsoring organization.	Provide the city whe	ere the event was held.	Provide the co	untry where the	event was held.
YES	ent contact with any fore Provide explanation for each contact.	Contact #1	ilt of the event?			
•	Provide explanation		ilt of the event?			
YES	Provide explanation	Contact #1 Contact #2				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3				
YES	Provide explanation	Contact #1 Contact #2 Contact #3			•	
YES	Provide explanation	Contact #1 Contact #2 Contact #3			1	

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

section 284 - Foreign Business, Professional Activities, and Foreign Government Contacts - (Confittude)  of this question, "immediate Family" mans your spouse, permits, step-paramits, filtings, half and step-abilitings, children, step-children, and exhabitant.  OBJ. Have your any member of your immediate family in the past seven (7) years had any contact with a foreign government, its establishment (such as embasey, consulate, spency, milety service, intelligence of foreign travel or foreign travel or foreign travel or foreign travel or foreign travel or or cutted to the Contact.  Complete the following (Fyour appointed travel to your farm of the foreign government, its establishment (such as embasey, consulate, spency, military service, intelligence or security service, act.) or its representatives, whether inside or outside the U.S. Government  Froude the name of the incividual involved in the contact.  Suffix  Froude the same of the incividual involved in the contact.  Froude the same of the contact. (Provide Ory and Country if curicists the United Saint; chilarwise, provide City, Sites and 29 Code).  State  Froude the deale of contact.  Government  Country #2  Country #2  Country #2  Country #2  Froude the deale of contact.  (Monity/Yes/)  Froude the deale of contact.  (Monity/Yes/)  Froude the purpose of the subsequent contact  NO  Provide the purpose of the subsequent contact  Froude the name of the incividual involved in the contact.  State  Zip Code  Country #2  Country #2  Country #2  Froude the apurpose of the subsequent contact  Indicate the foreign organization?  Provide the purpose of the subsequent contact  State  Zip Code  Country #2  Froude the date of contact.  Country #2  Froude the subsequent contact initiated by you, your involved cathering provide cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide Cathering, provide						
OBJ. Have you or any member of your immediate family in the past seven (7) years had any contact with a foreign government, its setablishment (such as embassy) contactions against plants of the contact was for further than applications and border coolings against plants of the contact was for further than applications and border coolings was for further than applications and border coolings was for further than applications and border coolings which is the U.S. / Answer for if the contact was for further than applications and border coolings which is the contact was foreign travel or one of the contact was embassy, considerable, agency, military service, intelligence or security service, etc.) or its representatives, whether indice or outside the U.S.  Entry #1  Provide the name of the individual involved in the contact.  First name  Middle name  Suffix  Provide the location of the contact. (Provide City and Country if custode the United States; otherwise, provide City, State and 2th Code)  State  Zig Code  Country #2  Country #2  Provide the date of contact.  Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?  Provide the purpose of the subsequent contact (Contact, Material States)  State  Zig Code  Country #2  Provide the purpose of the subsequent contact (Contact, Material States; otherwise, provide City, State and 2th Code)  The contact of the contact, which is a subsequent contact (Contact, Material States; otherwise, provide City, State and 2th Code)  Provide the purpose of the subsequent contact (Provide the further States; otherwise, provide City, State and 2th Code)  Provide the purpose of the subsequent contact (Contact, Material States) in the further States; otherwise of the foreign organization?  Provide the purpose of the subsequent contact (Contact, Material States)  Provide the purpose of the subsequent contact (Contact, Material States)  State  Zig Code  Country #2  Country #2  Country #2  Provide the purpose of the	Section 20B - For	eign Business, Professional A	ctivities, and For	reign Government Contacts	- (Continued)	
forcign government, its establishment (such as ambasay, consultate, agency, milliony sarvice, incl.) or frequency in the contact or security savide, act, or frequency in the contact contact has for contine via applications and border crossings related to either efficial U.S. Covernment travel of roteins was applications and border crossings related to either efficial U.S. Covernment travel of roteins povernment, its establishment (such as embasay, consultate, agency, milliany service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.  Entry #1  Provide the individual involved in the contact.  Provide the name of the individual involved in the contact.  Provide the foreign government(s) involved.  Country #1  Frist in ame  Middle name  Serffix  Provide the type of establishment (such as embasay, consultate, agency, milliany service, intelligence or accurity service, etc.) involved.  Country #1  Provide the type of establishment (such as embasay, consultate, agency, milliany service, intelligence or accurity service, etc.) involved.  Country #2  Frist in ame  Frist in ame  Frist in ame  Provide the type of establishment (such as embasay, consultate, agency, milliany service, intelligence or accurity service, etc.) involved.  Country #2  Frovide the type of establishment (such as embasay, consultate, agency, milliany service, intelligence or accurity service, etc.) involved.  Doutry #2  Frovide the purpose of the subsequent contact intelligence or accurity service, etc.) involved.  Doutry #3  Frovide the location of the contact.  Provide the purpose of the subsequent contact  Doutry #2  State Zip Code  Country #2  Country #2  Country #2  Country #2  Frovide the location of the contact.  Provide the name of the foreign government(s) involved.  Doutry #2  Frovide the location of the contact.  Provide the name of the foreign government(s) involved.  Doutry #2  Frovide the location of the contact.  Provide the name of the foreign government(s) involved.  Frovide the loc	or this question, "	Immediate Family' means your s	pouse, parents, si	tep-parents, siblings, half and :	step-siblings, children, step	-children, and cohabitant.
Complete the following if your responded "Yes" to you or any member of your immediate family having in the past seven (7) years had any contact with a complex perminent, the establishment (such as embessy, consulted, egency, milliary service, incl.) or its epresentatives, whether inside or subside the U.S.  Strip #1  Provide the location of the contact. (Provide City and Country if subside the United States of thewfore, provide City, State and Zip Code.)  Country  Provide the date of contact. (Provide City and Country if subside the United States of thewfore, provide City, State and Zip Code.)  Country #1  Provide the type of establishment (such as ambassy, consultate, agency, milliary service, intelligence or security service, city, Involved.  Intelligence or security service, city, Involved.  No  Provide the type of establishment (such as ambassy, consultate, agency, milliary service). Involved.  No  Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?  Provide the purpose of the subsequent contact. First name  Middle name  Provide the purpose of the subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?  Provide the name of the individual involved in the contact.  First name  Middle name  Provide plans for future contact  Country #2  Est.  Provide the location of the contact. (Provide City and Country if outside the United States; athrowise, pavelse City, State and Zip Code.)  Clay  Country #2  Est.  Provide the location of the contact. (Provide City and Country if outside the United States; athrowise, pavelse City, State and Zip Code.)  Clay  Country #2  Est.  Provide the purpose of state of contact. (Provide City and Country if outside the Intelligence or security service, provide City and Country if outside the Intelligence or security service, provide City and Country if outside the Intelligence or security service, provide City and Country if outside Inte	foreign go or security contact w	vernment, its establishment (sur y service, etc.) or its representati as for routine visa applications a	ch as embassy, co ves, whether inside nd border crossing	insulate, agency, military servi le or outside the U.S.? (Answe	ce, Intelligence (1) 123 r'No' if the	NO (If NO, Proceed to 208.7)
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued) Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, 20B.7 T YES X NO (If NO, proceed to 208.8) for work, or for permanent residence? Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence. Entry #1 Provide the name of the sponsored foreign national. Middle name Suffix Last name First name Provide the date of birth for the sponsored foreign national. I don't know Est. Provide the place of birth for the sponsored foreign national. Country (Required) Zip Cade Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Zip Code Street City State Country Provide the name of the organization through Provide the country(les) of citizenship for the sponsored foreign national. Not Applicable which sponsorship was arranged, if applicable. Country #1 Country #2 Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the Not Applicable United States; otherwise, provide City, State and Zip Code) City Street State Zin Code Country Provide the dates of stay in the U.S. for the sponsored foreign national. From Date (Month/Year) To Date (Month/Year) Present ☐ Est. Provide the address of the sponsored foreign national while residing in the U.S. Street City . State Zip Code Provide the purpose of stay in the U.S. for the sponsored foreign national. Provide the purpose of your sponsorship for the sponsored foreign national.

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved; OMB No. 3206 0005

069-68-8543

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Country #1	, Co	ountry #2			Which sp	onsorship was arra	nged, if applicable	).
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United States; otherwise, provide	City, State and Zip C	Code)	•				1	1401 Ubbilosoic
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#### QUESTIONNAIRE FOR

B.8 Have you EVER held p	political office in	a foreign country?		,		ПΥ	es r	X NO (If NO.	roceed in 201
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Entry #2									
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B.9 Have you EVER voted	in the election	or a roreign country	7			□ Y	ES [	NO (II NO, I	^o roceed to 20
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Denulate the second (a) for the					versel ellelle	West-vote t-	- f!-		
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		ction. (Manth/Year)	. Es	it,	_			in country.	
		ction. (Manth/Year)	. Es	it,	_			n country.	
		ction. (Manth/Year)	. Es	it,	_			n country.	
		ction. (Manth/Year)	Es	it,	_			n country.	
		ction. (Manth/Year)	. Es	it,	_			n country.	
		ction. (Manth/Year)	. Es	it,	_			n country.	
		ction. (Manth/Year)	Es	it,	_			n country.	
		ction. (Manth/Year)	Es	it,	_			in country.	
		ction. (Manth/Year)	Es	it,	_			in country.	
		ction. (Manth/Year)	Es	it,	_			in country.	
		ction. (Manth/Year)	Es	it,	_			in country.	
		ction. (Manth/Year)	Es	it,	_			in country.	
		ction. (Manth/Year)	Es	it,	_			in country.	
Provide the date you voted in		ction. (Manth/Year)	Es	it,	_			in country.	

### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 20C - Foreign Travel	·		••			
Have you traveled outside the U.S. in the					YES NO (II.	NO, proceed to Section 21)
Has your travel in the last seven (7) yea in conjunction with the official U.S. Gover		emment business (i.e.,	no personal	trips	YES (If YES, prod	eed to Section 21) 🕱 NO
Complete the following if you responde business, Provide information about all U.S. Government business.	d 'Yes' to-having traveled ou such trips made outside the	itside the U.S. in the la United States includin	est seven (7 g personal tr	) years for othe lps made in co	er than solely U. njunction with oi	S. Government ficial
Entry #1				· · · · · · · · · · · · · · · · · · ·		
Provide the country visited.	Provide the dates of your tr From Date (Month/Year)	avel to this country. To Date (Month/Year)	Present	Provide the tot	al number of da	ys involved in the visit.  More than 30
Greece	06/2014 Est.	07/2014	Est.	☐ 6-10	∑ 21-30	Many short trips
Provide the purpose of the travel to this	country (Check all that appl	ly).		, , ,		
Business/Professional conference Volunteer activities	Education Tourism	Trade shows		s, and seminar	s [](	Other
While traveling to, or in this country, we customs or security service officials wh				for normal cus	stoms requireme	nts) by the local
YES If yes, provide		outu y t				
		-1				
While traveling to or in this country, we If yes, provide		nter with the police?			1 .	
X NO				•		
While traveling to or in this country, we intelligence, terrorist, security, or militar		ntact with any person l	(nown or sus	spected of being	g involved or as	sociated with foreign
YES If yes, provide	explanation.					
While traveling to, or in this country, we		erintelligence or securi	ity Issues no	t reported?		
YES If yes, provide	explanation,					
While traveling to or in this country, we	re you contacted by, or in co	ntact with anyone exhi	biting excess	sive knowledge	of or undue inte	rest in you or your job?
YES - If yes, provide	explanation.					
× NO						
While traveling to or in this country, we information?	re you contacted by, or in co	ntact with anyone atter	npting to obt	ain classified in	formation or un	classified, sensitive
YES	explanation,					
While traveling to, or in this country, we intelligence or security service?	re you threatened, coerced,	or pressured in any wa	y to coopera	ate with a foreig	In government a	fficial or foreign
YES If yes, provide	explanation.					
X NO						
•	,	•				
	•					•
				•	•	
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 20C - Foreign Travel - (Contin	ued)				·····	1
Complete the following if you responde business, Provide Information about al U.S. Government business.	ed 'Yes' to having traveled o	outside the U.S. in the e United States Includi	last seven (7 ng personal t	') years for othe rips made in co	r than solely U.S njunction with off	s. Government icial
Entry #2						
Provide the country visited.	Provide the dates of your From Date (Month/Year)	travel to this country.  To Date (Month/Year)	□ Demonst.			s involved in the visit.
Colombia	04/2011 Est.	04/2011	Present Est.	1-5 6-10	X 11-20 ☐ 21-30	More than 30 Many short trips
Provide the purpose of the travel to thi	s country (Check all that ap	oly).				
Business/Professional conference	Education	Trade show	s; conference	es, and seminar	s 🔲 o	ther
☐ Volunteer activities	X Tourism	Visit family	or friends			
While traveling to, or in this country, we customs or security service officials with the country with the country, we customs or security service officials with the country, we can be considered. If yes, provide the country with the country, we can be considered as a considered with the country, we can be considered as a country with the country, we can be considered as a country with the country, we can be considered as a country with the country, we can be considered as a country with the country, we can be considered as a country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the country with the c		ad, or otherwise detains country?	ed (other than	n for normal cus	toms requiremen	its) by the local
While traveling to or in this country, we	re you involved in any enco	unter with the police?				
YES		and will the police!				
X NO			•			
While traveling to or in this country, we intelligence, terrorist, security, or milita		ontact with any person	known or su	spected of being	involved or ass	ociated with foreign
YES If yes, provide					•	•
⊠ NO						
While traveling to, or in this country, w	ere you involved in any cou	nterintejligence or secu	rity issues no	it reported?		
YES If yes, provide			•	•		
⊠ NO						
While traveling to or in this country, we	ere you contacted by, or in c	ontact with anyone exh	ibiting excas	sive knowledge	of or undue inter	est in you or your job?
YES If yes, provide	explanation.					
⊠ NO						
While traveling to or in this country, we information?	re you contacted by, or in c	ontact with anyone atte	mpting to ob	tain <b>clas</b> sified in	formation or unc	assified, sensitive
YES	explanation					
⊠ NO						
While traveling to, or in this country, we intelligence or security service?	ere you threatened, coerced	, or pressured in any w	ay to cooper	ate with a foreig	n government of	ficial or foreign
YES	explanation.					
X NO.						
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### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

•	Section 20C - Foreign Travel - (Continu	ued)	•				
	Complete the following if you responde business. Provide information about all U.S. Government business.	ed 'Yes' to having traveled o Il such trips made outside th	outside the U.S. In the le United States includi	last seven (7 ng personal t	') years for othe rips made in cor	r than solely U.S Junction with off	i. Government icial
	Entry #3						
1	Provide the country visited.	Provide the dates of your	•		Provide the total	al number of day	s involved in the visit.
- 1		From Date (Month/Year)	To Date (Month/Year)	Present	X 1-5	11-20	More than 30
	Bulgaria	08/2008	08/2008	Est.	6-10	21-30	Many short trips
	Provide the purpose of the travel to this	s country (Check all that ap	ply).				
- [	Business/Professional conference	T Education	Trade show	s. conference	es, and seminar		ther
	☐ Volunteer activities	X Tourism	☐ Visit family	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	While traveling to, or in this country, we customs or security service officials where YES ———————————————————————————————————		ed, or otherwise detain country?	ed (other than	for normal cus	ioms requiremen	nts) by the local
			water with the pelled?				***************************************
-	While traveling to or in this country, we	,	unter with the police?				
1	YES If yes, provide	explanation.					
1	⊠ NO .				_	ŧ	
	While traveling to or in this country, we intelligence, terrorist, security, or military		ontact with any person	known or su	spected of being	involved or ass	ocialed with foreign
	YES If yes, provide	explanation,					
	⊠ NO						
ļ	While traveling to, or in this country, we	ere you involved in any cour	nterintelligence or secu	rity Issues no	t reported?		
ŀ	YES — If yes, provide		in in item	,			
1	NO · I yes, provide	evhististion.					
١							
-	While traveling to or in this country, we	•	ontact with anyone exh	ibiting exces	sive knowledge	of ar undue inter	est in you or your job?
	YES If yes, provide	explanation.					
	X NO					C	
	While traveling to or in this country, we information?	re you contacted by, or in c	oniaci wiin anyone atte	mpting to ou	iain ciassined in	rormation or unc	iassined, sensitiva
	YES	explanation.					,
	X NO	•					
ĺ	While traveling to, or in this country, we	ere you threatened, coerced	, or pressured in any w	ay to cooper	ate with a foreig	n government of	ficial or foreign
İ	intelligence or security service?	-velocation					
1	YES	explanation.					ļ
1	⊠ NO ·						
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

069-68-8543

Section 20C - Foreign Trave	l - (Contint	red)						
Complete the following if yo business. Provide information. U.S. Government business.	on about all	d 'Yes' to hav such trips må	ing traveled o de outside th	utside the U.S. In a United States in	the last seven ( cluding personal i	') years for othe rips made in cor	er than solely U. njunction with o	S. Government fficial
Entry #4								
Provide the country visited.		Provide the o	-	travel to this coun To Date (Month/	dan d	1		ys involved in the visit.
Macedonia		08/2008	☐ Est.	08/2008	Present	X 1-5	11-20 21-30	More than 30 Many short trips
Provide the purpose of the I	ravel to this	country (Che		oly).		1 10-10	[ ] 21-00	Many andri mps
Business/Professional c			ducation		shows, conferenc	es, and seminar	s .	Other
☐ Volunteer activities		×Τ	ourism		mily or friends			
While traveling to, or in this customs or security service  YES		re you questk en entering or explanation.	oned, searche leaving this o	ed, or otherwise d country?	etained (other tha	n for normal cus	toms requireme	ents) by the local
While traveling to or in this	country, we	re you involve	d in any enco	unter with the pol	ice?			1
YES If y	es, provide	explanation.						,
While traveling to or in this of intelligence, terrorist, securi				ontact with any pe	erson known or su	specied of being	g involved or as	socialed with foreign
	•	explanation.						
While traveling to, or in this  YES If you  NO  While traveling to or in this or	es, provide	explanation.				,	af ar undue inte	erest in you or your jab?
YES If you	es, provide	explanation.		•	٠			
While traveling to or in this of information?  YES If you NO		re you contact explanation.	ed by, or in c	ontact with anyon	e attempting to ob	tain classified in	formálion or un	classified, sensitive
While traveling to, or in this intelligence or security servi	country, we	re you threate	ned, coerced	, or pressured in	any way to cooper	ate with a foreig	n government o	official or foreign
		explanation,				•	,	
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

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Of It I als far, fue, and rue			· ·						
Section 21 - Psychologic	al and Emotion	ial Health		·					
Mental health counseling in fitness to obtain or retain F facilities or information sys	ederal employm	not a reaso lent, fitness t	n to revoke or deny eligibi o obtain or retain contract	lity for access employment,	to classified Information or eligibility for physical	or for a or logica	sensitive al access t	position, sultability o federally controll	or led
emotional or ments the counseling was - strictly: - strictly: Please respond to who have consulte	al health condition for any of the formarital, family, grelated to adjust this question with the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the health the he	on or were you pilowing reas prief not relate ments from s in the following care profess	d with a health care profes to hospitalized for such a coord-ord ons and was not courd-ord ed to violence by you; or hervice in a military comba og additional instruction: V sional regarding an emotion the sexual assault are ins	condition? Ans lered: It environment lictims of sexu- onal or mental	wer 'No' If X YE al assault health	ES [	NO (II NO	O, proceed to Section	1 22)
Complete the following in hospitalized for such a complete the following in the complete the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in the following in th		'Yes' to hav	ing consulted with a healt	h care profess	lonal regarding a menta	l or emo	tional hea	lth condition or we	re
Entry #1						,			
Provide the dates of cou	inseling or treatr	nent.	Provide the name of the	ne health .	Provide the telephone	number	of the he	alth care professio	nai.
From Date	To Date		care professional.		International or DS	SN phon	a number	X Day Ni	ght
(Month/Year)	(Month/Year)	X Present	•					Extension	
04/2014 Est.		Est.				Ш.			
Provide the address of t	he health care p	rofessional.	(Provide City and Country if	outside the Unite	d States; otherwise, provide	e Çity, St	ale and Zip	Code)	
Street		City	·	State	Zip Code	Countr			
210 E Harvard Blvd		Sa	nta Paula	ca					
Provide the name of age	ency/organization	n/facility whe	re counseling/treatment w	as provided.		L			
Community Memor	lal Health Cli	nic (for An	xiety)		X Same as	above			
Provide the address of a	rgency/ornaniza	lion/facility o	rovider. (Provide City and C	minter II mutsida	the I Inited States otherwise	e amuldi	e City	X Same as ab	- C
State and Zip Code)	iguria), oi gaineoi	norarecanty p	TOTAL ON LINE OF	annit a antara	the outed clutes, chickwa	ie, provide	s Ony.	V cattle es en	CVE
Street		City	•	State	Zip Code	Country	y	•	
	•								
Were you EVER admitte	d as an inpatien	t to the ager	cy/organization where co	unselino/treatr	nent was provided?	L	-,		
YES XNO	htt		In all out to the annual or			4.1.11.11.	atomical district	- A t ti	
voluntary or involuntary?		miceo as an	Inpatient to the agency/or	ganization wh	sie conuseung/treatmen	t was pr	ovided, Wa	as the admission	
	☐ Involuntary	· Ex	planation >						
			,						
Entry #2			Denuisia the array of the	o banks	Provide the telephone	aumbor	of the hear	elib sese mesterado	
Provide the dates of cou	nseling or treatn	nent.	Provide the name of the care professional.	Is uesim					
From Date	To Date				International or DS	nong Mi	e number		jht
(Month/Year)	(Month/Year)	Present			Telephone number		,	Extension	
☐ Est.		Est.							
Provide the address of the	ne health care pi	rofessional.	(Provide Cily and Country if o	utside the Unite	d States; otherwise, provide	City, Sta	te and Zip	Code)	
Street		City		State	Zlp Code	Country	Y		
Provide the name of age	ncy/organization	n/facility whe	re counseling/treatment w	as provided.					
					Same as	above			
Provide the address of a	gency/organizat	ion/facility pr	ovider. (Provide City and C	ountry if autside	the United States: otherwis	e. provide	City.	Same as ab	OVA
State and Zip Code)	gorioji or goringor							La dama as as	
Street .	`	City		State	Zip Code	Country	1	•	
Were you EVER admitted	d as an Innation	I to the agen	cylorganization where co	unselina/treath	nent was provided?	<u> </u>			<del></del>
	·	23911	-1 I attended to the second dept						
YES NO							•••		
You responded 'YES' to I voluntary?	having been adn	nitted as an i	inpatient to the agency/on	ganization whe	ere counsellng/treatmen	t was pro	ovideď, wa	s the admission	
	Involuntary	Ex	planation >	,					
·. •	*								
	te. Manualana lan	t.i.	to the next race		,			069-68-8543	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 21 - Psychological and Emotional F	ealth - (Continued)		<u> </u>	
.2 Has a court or administrative agency	EVER declared you mentally incomp	oetent?	YES	NO (If NO, proceed to Section 22)
Complete the fallowing if you responded 'Ye	s' to having a court or administrative	agency EVER	declare you mentall	y Incompetent.
Entry #1				, and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
Provide the date this occurred. (Month/Year)				
Provide the address of the court or administ Street	ative agency. (Provide City and Coun City	fry if outside the U State	Inited States; otherwise Zip Code	provide City, State and Zip Code) Country
Was this matter appealed to a higher court?				
YES NO				
Appeal #1				
Provide the name of the court.		Provide the	s final disposition.	
Provide the address of the court. (Provide Street	le City and Country if outside the United City	States; otherwise, State	provide City, State and Zlp Code	d Zip Code) Country
			<u> </u>	
Appeal #2				
Provide the name of the court.	•	Provide the	e final disposition.	
Provide the address of the court. (Provide Street	le City and Country if outside the United City '	States: otherwise, State	provide City, State and Zip Code	d Zip Cade) Cauntry
Entry #2				
Provide the date this occurred. (Manth/Year)	1 .	administrative a	- •	you mentally incompetent.
Provide the address of the court or administrate Provide the address of the court or administrate and the court of administrate the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate and the court of administrate an	alive agency. (Provide City and Coun. City	iry if outside the U State	Inited States; otherwise Zip Code	, provide City, State and Zip Code) Country
Was this matter appealed to a higher court?				
YES NO (If NO, proceed to Section	22)			
Appeal #1				
Provide the name of the court.		Provide the	final disposition.	
Provide the address of the court. (Provide	-			
Street	City	State	Zip Code	Country
Appeal #2				
Provide the name of the court.		Provide the	final disposition.	
Provide the address of the court. (Provide Street	e City and Country If outside the United City	States; otherwise, State	provide City, State and Zip Code	Zip Code) Gountry
	<del></del>			
			·	
				069-68-8543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

FR Parts 731, 732, and 736							
Section 22 - Police Record	•						
or this section report inform he charge was dismissed. Y under the authority of 21 U.S	ou need not report c	onvictions under the Fe	derat Contro	olled Substance	es Act for which the	court issue	
2.1 Have any of the follopertains to the action	owing happened? (If ns that are identified	Yes' you will be asked below.)	to provide d	etails for each	offense that	YES	NO (If NO, proceed to 22.2)
against you' alcohol or d - In the past	? (Do not check if all rugs)	e you been issued a su the citations involved to e you been arrested by	affic infracti	ons where the	fine was less than !	\$300 and did	l not include
charges cor - In the past	nvictions or sentence: seven (7) years hav	e you been charged, co s in any Federal, state, e you been or are you d ling a trial on criminal c	local, milita: currently on	y, or non-U.S.	court, even if previ	? (Include all ously listed (	qualifying on this form).
Entry #1							
Provide the date of offense		Provide a descrip	otion of the	specific nature	of the offense.		
(a) Did this offense involve	any of the following	?					
YES NO							
(Check all that apply.)	•						
someone with who	rm you share a child i	e (such as battery or as in common?	ssault) agair	nst your child, o	dependent, cohabit	ant, spouse,	former spouse, or
Involve firearms or		•				•	
involve alcohol or o							
City .		irred, <i>(Provide Cily and C</i> ounty	ountry if outsi	de the United St. State	ates; otherwise, provid Zip Code	ie City, County Country	y, State and Zip Code)
		·				1	
(b) Were you arrested, sur type of law enforcement YES NO (# N		you receive a ticket to	appear as	result of this	offense by any poli	ce officer, sh	eriff, marshal or any other
Provide the name of th	e law enforcement a	gency that arrested/cite	d/summone	d you,		, · · · · · · · · · · · · · · · · · · ·	
Provide the location of			d Country if o				uniy, State and Zip Code)
City	C	ounty		State	Zip Code	Country	
(c) As a result of this offen	ise were vou charner	convicted currently a	waiting trial	and/or ordere	ri to appear in cour	t in a crimina	I proceeding against you?
	rovide the name of th	=			a to appear to anat		i hisassaiid adamit lan
	YES, complete (c. 1))	*					,
□ NO	rovide explanation >						
(c.1) Provide the locati	ion of the court. (Prov	ide Cily and Country If outs County	side the Unite	d States; otherw State	ise, provide Cily, Cou Zip Code	nty, State and Country	Zip Gode)
							ty, found not-guilty, charge al charge and the lesser
Felony/misdemeanor		Charge		· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Outcome		Date (Month/Year)
							☐ Est.
							☐ Est.
						<u> </u>	Est.
-							Est.
	·	<del></del>			<del>- · · · · · · · · · · · · · · · · · · ·</del>		
er your Social Security	Number before o	oing to the next pa	ge			<b>.</b> [	069-68-8543

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) Provide a description of the sentence. Were you sentenced to imprisonment for a term exceeding 1 year? YES NO Were you incarcerated as a result of that sentence for not less than 1 year? YES if the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Present Not Applicable actually were incarcerated. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Present Not Applicable probation or parole. Est. (d.2)Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? YES ☐ NO Provide explanation.

#### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

NATIONAL SECURITY POSITIONS 5 CFR Parts 731, 732, and 738 Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - In the past seven (7) years have you been arrested by any police officer; sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form), - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? Provide the date of offense, (Month/Year) Provide a description of the specific nature of the offense. Est. (a) Did this offense involve any of the following? YES NO (Check all that apply.) Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common? involve firearms or explosives? Involve alcohol or drugs? Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, Country, State and Zip Code) State County Zip Code Country (b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official? YES NO (If NO, proceed to (c)) Provide the name of the law enforcement agency that arrested/cited/summoned you. Provide the location of the law enforcement agency, (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) City County State Zip Gode Country (c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you? Provide the name of the court. (If YES, complete (c.1)) Provide explanation > (c,1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code) County Zip Code Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense. Charge Outcome Date (Month/Year) Felony/misdemeanor Est. Est. ☐ Est ☐ Est

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3208 0005

Section 22 - Police Record - (Continued) Complete the following if you responded 'Yes' to one of the following: - In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs) - in the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official? - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form). - In the past seven (7) years have you been or are you currently on probation or parole? - Are you currently on trial or awaiting a trial on criminal charges? (d) Were you sentenced as a result of this offense? YES (If YES, complete (d.1)) NO (If NO, complete (d.2)) (d.1)Provide a description of the sentence. Were you sentenced to imprisonment for a term exceeding 1 year? YES NO YES Were you incarcerated as a result of that sentence for not less than 1 year? If the conviction resulted in imprisonment, provide the dates that you From Date (Month/Year) To Date (Month/Year) Not Applicable Present actually were incarcerated. Est. If conviction resulted in probation or parole, provide the dates of From Date (Month/Year) To Date (Month/Year) Not Applicable Present probation or parole. Est. Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense? TYES NO Provide explanation.

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

FR Part	ls 731, 732, and 736			TIONAL OL					
ection	22 - Police Record					•			
2,2	Other than those off	anses already lis	ted, have	ou EVER had the	following happen to	You?	YES	NO (IF NO.	, proceed to .
	that crime, and local, or military - Have you EVEI civilian felony o - Have you EVEI	incarcerated as a court, even if pr R been charged to ffenses) R been convicted	a result of eviously lis with any fe I of an offe	that sentence for no sted on this form) lony offense? (inclu- nse involving dome	ates of a crime, sent of less than 1 year? ude those under the estic violence or a cri	(Include all qu Uniform Code me of violenc	alifying conviction of Military Justice  e (such as batter	ons in Federal, sta	ite, y/
	- Have you EVE	R been charged v	with an offe		eone with whom you rms or explosives? hol or drugs?	share a child	in common?		
Entry	, #1								
Provi	ide the date of offense	). (Monih/Year)	Est.	Provide a descriptio	on of the specific nat	ure of the offe	nse.	,	
(a) D	id this offense involve	any of the follow	ving?						
Г	TYES NO								
<u> </u>	Check all that apply).								
r	* * * * * * * * * * * * * * * * * * * *	or a crime of viol	ence (suci	as battery or asse	iult) against your chi	d, dependent	, cohabitant, spo	use, former spou	se, or some
: -	with whom you sha	re a child in com		•		•	, ,	•	
	Involve firearms or								
Ŀ	Involve alcohol or o								
Pr	rovide the name of the	e court.					٠		
Pi	rovide the location of	the court (Provid	e City and C	Country if putside the I	Inited States, otherwise	nmulda Cihu I	County State and	Zin Code)	
Ci		the court (Franci	County		State	Zip Code		,	
								·	
	Provide all the charg charge dropped or "r offense separately.	es brought again rolle pros," etc).	ist you for If you were	his offense, and the found guilty of or p	e outcome of each on the pleaded guilty to a le	harged offens seer offense,	se (such as found list both the origi	d guilty, found not lnat charge and th	-guilty, or e lesser
-	elony/misdemeanor		Charg	e		Outcon	16	Date	(Month/Yea
-	•								
<u> </u>									
(h) W	ere you sentenced as	a result of these	charges?						<u>_</u> _
<u></u>	YES (If YES, comple			complete (b.2))					
<u></u>		10 (0.7)	110,110,	Milphoto (U.2)					
_	ovide a description of	the senience							
• • •	area a occaripator o								
W	ere you sentenced to	imprisonment fo	r a term ex	ceeding 1 year?				[] YES	NO
We	ere you incarcerated	as a result of tha	t sentence	for not less than 1	year?			YES	□ NO
	the conviction resulted tually were incarceral		it, provide	the dates that you	Not Applicable	From Date	(Month/Year)	To Date (Month/Y	'ear) Pr
ac,					- Tal . a . II . I .		Manih Mani		/azel [ ] D.
lfo	conviction resulted in obation or parole.	probation or pan	ole, provide	e the dates of	Not Applicable	From Date	[Montili Feat]	To Date (Month/Y	
lfo	obation or parole.	probation or pan	ole, provide	e the dates of	Not Applicable	From Date		To Date (Month/Y	
lf o	obation or parole.							To Date (Month/Y	E
lf co pro (b.	obation or parole.								Es

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ect	ion 22 - Police Record - (Co	ntinued)			,				
Er	ntry #2								
P	rovide the date of offense. (Mo		Provide a description	n of the	specific nature	of the offense.			
(a	) Did this offense involve any	of the follow	Ing? ·	-					
	YES NO								
	(Check all that apply),								
	Domestic violence or a with whom you share a		nce (such as battery or assau	ult) agai	nst your child, (	dependent, coha	bitant, spouse, fo	rmer spouse	e, or someone
	Involve firearms or explo					•			
	involve alcohol or drugs	?							
	Provide the name of the cou	rt.							
	Provide the location of the c	ouri. (Provide	City and Country if outside the U	niled Sta	les: otherwise, or	ovide City. County.	State and Zin Cod	e)	
	City		County		State	Zip Code	Country		
	•		•						
			st you for this offense, and the fyou were found guilty of or p						
	Felony/misdemeanor		Charge			Outcome		Date (	Month/Year)
									Es
			,			•			☐ Es
			•						Es
									Es
(b)	) Were you sentenced as a re	sult of these	charges?		,		1		
	YES (If YES, complete (b.	1)) 🗆 1	NO (If NO, complete (b.2))				······································		
				,					
	Provide a description of the		•						
	Were you sentenced to impr	isonment for	a term exceeding 1 year?					YES	□ NO
	Were you incarcerated as a	result of the	sentence for not less than 1	year?			•	YES	□ NO
	If the conviction resulted in la actually were incarcerated,	nprisonmen	t, provide the dates that you	☐ No	ot Applicable F	rom Date (Monti	h/Year) To Da	ia (Month/Ye	ar) Press
	If conviction resulted in prob probation or parote.	ation or parc	le, provide the dates of	☐ No	ot Applicable F	From Date (Monti	h/Year) To Da	te (Manth/Ye	er) Prese
	(b.2)							·	
	Are you currently on trial, aw	aiting a trial,	or awalting sentencing on cri	iminal d	harges for this	offense?		YES	□ NO
	Provide explanation.								
			• •				•		
			•						
					•				
	•								
	our Social Security Nun	har bafor	aning to the next page					069-68-	B543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

.3 Is there currently a domest	lic violence protective order	or restraining order is:	eued against you?	YES [	NO (II NO, proceed to Section 2
Complete the following if you response	ponded 'Yes' to currently ha	ving a domestic violer	ce protective order or restr	aining order is	ssued against you?
Entry #1					
Provide explanation.		•			
Provide the date the order was is	sued. (Month/Year)	Provide the name of	of the court or agency that is	ssued the ord	er.
Provide the location of the court of City	or agency that issued the ord State	ler: (Provide City and Co Zip Code	nuntry if autside the United State Country	es; otherwise, ρ	rovide City, State and Zip Code)
Entry #2					1
Provide explanation,					
Provide the date the order was is	sued. (Month/Year)	Provide the name of	of the court or agency that is	ssued the ord	er,
Provide the location of the court of	or agency that issued the ord	ter: (Provide City and Co	ountry if outside the United State	es; otherwise, p	rovide City, State and Zip Code)
City	State	Zip Code	Country		
Entry #3					,
Provide explanation.					
•	•				
Provide the date the order was is	sued. (Month/Year) . Est.	Provide the name of	of the court or agency that is	ssued the ord	er.
Provide the location of the court of	_			es; otherwise, p	rovide City, State and Zip Code)
City	State (	Zip Code	Country		
Entry #4 Provide explanation,		· ·			
Tovide explanation,					
Provide the date the order was is:	sued. (Month/Year)	Provide the name of	f the court or agency that is	sued the orde	ar.
Provide the location of the court of	or agency that issued the ord	er: /Provide City and Co	unitry if outside the United State	as: atherwise, a	rovide City. State and Zio Code)
City	State	Zip Code	Country		,
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					069-68-8543

#### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

CFR Parts 731, 732, and 736 NATIONAL SECU	JKIIT PUS	IIIONS	
Section 23 - Illegal Use of Drugs and Drug Activity			
We note, with reference to this section, that neither your truthful responses nor evidence against you in a subsequent criminal proceeding. As to this particular government. The following questions pertain to the illegal use of drugs or control.	section, this appl	lies whether or not you are currently emplo	
23.1 In the last seven (7) years, have you illegally used any drugs or controlled substance includes injecting, snorting, inhaling, swallowing, consuming any drug or controlled substance.	rolled substances experimenting wi	e? Use of a drug or YES X NO lith or otherwise	) (If NO, proceed to 23,2)
Complete the following if you answered 'Yes' to in the last seven (7) years	having Illegally us	sed a drug or controlled substance,	
Entry #1			
Provide the type of drug or controlled substance.			
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressant	s (Such as barbliurates, methaqualone, tr	anquilizers, etc.)
THC (Such as marijuana, weed, pot, hashish, etc.)	Hallucinoge	mic (Such as LSD, PCP, mushrooms, etc.	}
Ketamine (Such as special K, jet, etc.)	Steroids (St	uch as the clear, juice, etc.)	,
Narcotics (Such as opium, morphine, codelne, heroin, etc.)	Inhalants (S	Such as toluene, amyl nitrate, etc.)	
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	X Other (Pro	vide explanation) >	
Provide an estimate of the month and year of first use. (Month/Year)  Provide an estimate of the month year of most recent use. (Month/Year)	Year)	Provide nature of use, frequency, and n	umber of times used.
☐ Est.	Est.		
Was your use while you were employed as a law enforcement officer, prosect a position directly and immediately affecting the public safety?	cutor, or courtroor	n official, or while in	YES NO
Was your use while possessing a security clearance?	•		YES NO
Do you intend to use this drug or controlled substance in the future?			YES NO
Provide explanation of why you inlend or do not intend to use this drug or co	ntrolled substanc	e in the future.	
		1	
Entry #2			
Provide the type of drug or controlled substance.			
Cocaine or crack cocaine (Such as rock, freebase, etc.)	Depressant	s (Such as barbiturates, methaqualone, tra	anquilizers, etc.)
THC (Such as marijuans, weed, pot, hashish, etc.)	Hallucinoge	enic (Such as LSD, PCP, mushrooms, etc.)	)
Ketamine (Such as special K, jet, etc.)	Steroids (St	uch as the clear, juice, etc.)	
Narcotics (Such as opium, morphine, codeine, heroin, etc.)	🔲 Inhalants (S	Such as toluene, amyl nitrate, etc.)	
Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.)	Other (Pro	vide explanation) >	
Provide an estimate of the month and year of first use. (Month/Year) Year of most recent use. (Month/Year)		Provide nature of use, frequency, and no	umber of times used.
☐ Est.	Est.		
Was your use while you were employed as a law enforcement officer, prosect a position directly and immediately affecting the public safety?	cutor, or courtroor	n official, or while in	YES NO
Was your use while possessing a security clearance?			YES NO
Do you intend to use this drug or controlled substance in the future?			YES NO
Provide explanation of why you intend or do not intend to use this drug or con	ntrolled substance	e in the future.	
		·	
•			
	•		
ntor your Social Society Number before poing to the part name			069-68-8543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

L	Section 23 - illeg	l Use of Drugs and Drug Act	ivity - (Continued)			
		t seven (7) years, have you be, , production, transfer, shipping				S NO (If NO, proceed to 23.3)
		llowing if you answered 'Yes' to action, transfer, shipping, receiv			illegal purchase, m	anufacture, cultivation,
	Entry #1					
	Provide the type	of drug or controlled substanc	e,			
	Cocaine or	crack cocaine (Such as rock, fr	reebase, etc.)	Depressants (Such as	barbiturates, methi	squalone, tranquilizers, etc.)
		as marijuana, weed, pot, hashi	sh, etc.)	Hallucinogenic (Such	, ,	rooms, etc.)
	Ketamine (	Such as special K, jet, etc.)		Steroids (Such as the	clear, juice, etc.)	
	Narcotics (	Such as opium, morphine, code	ine, heroin, etc.)	inhalants (Such as tole	uene, amyi nitrate, e	ic.)
	Stimulants	Such as amphetamines, speed	f, crystal meth, ecstasy, etc.)	Other (Provide explan	nation) >	
		nate of the month and Ivement. (Month?Year).	Provide an estimate of the of most recent involvement		Provide the nature	and frequency of activity.
		☐ Est		Est.	. ,	
	Provide the reas	on(s) why you engaged in the	activity			
			•			
		ement while you were employe and immediately affecting the p		r, prosecutor, or courtroom (	official, or while in a	YES NO
	Was your involv	ement while possessing a secu	rity clearance?			YES NO
	Do you intend to	engage in this activity in the fu	iture?			
- 1	YES -	Provide explanation.				
	☐ NO		•		•	•
ı	Entry #2					
	Provide the type	of drug or controlled substance				
	Cocaine or c	rack cocalne (Such as rock, fre	ebase, etc.)	Depressants (Such as	barbiturates, metha	qualone, tranquilizers, etc.)
$ \cdot $	THC (Such a	s marijuana, weed, pot, hashis	h, etc.)	Hallucinogenic (Such a	s LSD, PCP, mushi	ooms, etc.)
	Ketamine (S	ıch as special K, jet, etc.)		Steroids (Such as the c	dear, juice, etc.)	•
İ	Narcotics (S	ıch as opium, morphine, codeiı	ne, heroln, etc.)	Inhalants (Such as tolu-	ene, amyl nitrate, el	c.)
1	Stimulants (8	luch as amphetamines, speed,	crystal meth, ecstasy, etc.)	Other (Provide explana	stion) ▶	
.		ale of the month and rement. (Month/Year)	Provide an estimate of the of most recent involvement		Provide the nature	and frequency of activity.
1		Est.		Est.		
	Provide the reason	n(s) why you engaged in the a	ctivity			
					1	
		ment while you were employed nd immediately affecting the po		prosecutor, or courtroam o	fficial, or while in a	YES NO
-	Was your involve	ment while possessing a secur	ity clearance?			YES NO
	Do you intend to	engage in this activity in the fut	ure?			
- 1	YES -	Provide explanation.				,
L	□ NO					
			•			
			•			
		·				
En4	tor vour Social	Security Number before g	ining to the next need			069-68-8543
#III	er your social	secutify writings belove 8	oning to the next hade -		,	

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

DI 111 III	13 / 3 /, / 32, 8/10 / 40					<u> </u>
Section	n 23 - Illegal Use of Dru	gs and Drug Activit	y - (Continued)			
23.3	Have you EVER illegal possessing a security of			a drug or controlled substance while	YES	NO (If NO, proceed to 23,4
Com	plete the following if you essing a security clearan	responded 'Yes' to h	aving EVER (llegal usly listed.	y used or otherwise been involved with a	drug or controlled	i substance while
Entry						
Provid	de a description of your i	nvolvement.	,			
	de the dates of involvements  Date (Month/Year)	ent/use. To Date (Month/Y	ear) Present	Provide an estimate of the number of till drug or controlled substance while poss		
	Est.		Est.			
Entry						
Provid	de a description of your i	nvolvement.				,
	is the dates of involvement	ent/use, To Date (Month/Ye	an man	Provide an estimate of the number of tindering or controlled substance while poss		
, ,	Est.	· ·	Present Est.			
23.4		proement officer, pros	ecutor, ar courtroc	a drug or controlled substance while im official; or while in a position directly an ted?	d YES [	NO (If NO, proceed to 23.5)
Comp as a l	plete the following if you aw enforcement officer,	responded 'Yes' to h	aving EVER Illegal	ly used, or otherwise been involved with a le in a position directly and immediately af	drug or controlle fecting the public	d substance while employe safety other than previousl
Entry	#1					
_	de a description of the d	rugs or controlled sut	stances used and	your involvement.		
	·					
	de the dates of involvem Date (Month/Year)	ent/use. _To Date (Month/Yo	ear) Present	Provide an estimate of the number of the drug or controlled substance while emp		
	☐ Est.		Est.			
Entry	#2	<del></del>				
	de a description of the d	rugs or controlled suit	stances used and	vour involvement		
1 1041	aa a assoriptioti vi tila o	ruga of Controlled aut		Ann mantantinite		
Provid	ie the dates of involvem	enVuse.		Provide an estimate of the number of time		
From	Date (Month/Year)	To Date (Month/Y	ear) Present	drug or controlled substance while emp	loyed in this capa	icity.
	Est.		Est.	<b>,</b>		
		•	,			
					•	
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			•.			
	•		•		•	
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			•			
ar voi	r Social Security No	umber before goli	a to the next p	age	<b>→</b>	069-68-8543

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

5 In the last seven (7) y whether or not the drug	ears have you intention as were prescribed for y	nally engaged in	the misuse of prescription drugs, reelse?	egardless of YES	NO (If NO, proceed
			/) years having intentionally engage	ed in the misuse of presc	riotion drups, repardir
of whether the drugs were pro					3-1
	scietion deve that you m	alaugael			
-todge the tistle of the hies	cription arag triat you it	iisuseu.			
			Provide the reason(s) for and ch	rcumstances of the misus	e of the prescription (
	To Date (Month/Yea	1 1030111		ŧ	
- Install		(mare)	- Harry Proposition of Country		
position directly and immedia	tely affecting the public	safety?	nt officer, prosecutor, or countroom	omctat, or while in a	YES NO
Vas your involvement while p	possessing a security c	learance?			YES NO
Est.					
Provide the dates of involvem	nent/use		Provide the reason(s) for and di	rcumstances of the misus	e of the prescription
		n)   Present		The state of the state of	I'm broadthiott
☐ Est.		the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
			nt officer, prosecutor, or courtroom	official, or while in a	YES NC
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Secti	ion 23 - Illegal Use of Drugs and Drug Activ	ty - (Continued)		•				
23.6	Have you EVER been ordered, advised, or illegal use of drugs or controlled substance		or treatment as a re	sult of your	YES NO (If NO, proceed to 23.7			
	implete the following if you responded 'Yes' to gal use of drugs or controlled substances.	having EVER been orde	red, advised, or as	ked to seek counseling o	or treatment as a result of your			
En	try #1							
	ive any of the following ordered, advised, or as heck all that apply):	ked you to seek counseling	or treatment as a r	esult of your illegal use of	drugs or controlled substances?			
,	] An employer, military commander, or employ	ee assistance program	A court official	/ judge				
	A medical professional			ordered, advised, or ask				
	A mental health professional		counseling or t	reatment by any of the ab	ove			
Pro	ovide explanation >			•				
Die	f you take action to receive counseling or treat	meni?		YES (II YES, com	plete (b)) NO (If NO, complete (a			
(a)	You have indicated that you did not receive the Provide explanation.	reatment.						
-								
(b)	You have indicated that you did receive treat  Provide the type of drug or controlled substa		sated					
	Cocaine or crack cocaine (Such as rock	•	•	ants (Such as barbiturates	, methaqualone, tranquilizers, etc			
	THC (Such as marijuana, weed, pot, ha	•		ogenic (Such as LSD, PC)				
	Ketamine (Such as special K, jet, etc.)	•		Steroids (Such as the clear, juice, etc.)				
	Narcotics (Such as oplum, morphine, co	deine, heroin, etc.)	inhalants	(Such as toluene, amy) n	ltrate, etc.)			
	Stimulants (Such as amphetamines, spe	ed, crystal meth, ecstasy,	etc.) Other (F	rovide explanation) >				
	Provide the name of the treatment provider. Last name	First name						
	Provide the address for this treatment provide Street	er. (Provide City and Country City	if outside the United Sta State	les; atherwise, provide City, St Zip Code Cou				
ľ								
•	Provide a telephone number for the treatment provider.	Extension Internation phone n	onal or DSN umber	Provide the dates of tre From Date (Month/Year)	atment. To Date (Month/Year) 🗍 Prese			
		Day Day	] Night	☐ Est.	☐ Est,			
	Did you successfully complete the treatment	? YES NO-	(Provide explanati	on)				
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section	on 23 - Illegal Use of Drugs and Drug Activi	ty - (Continu	led)								
	nplete the following if you responded 'Yes' to gat use of drugs or controlled substances.	having EVE	R been on	dered, ad	/Ised, or ask	red to seek co	ounseling o	r treatmer	ıt as a resu	it of your	
	ry #2										
	e any of the following ordered, advised, or asl eck all that apply):	red you to se	ek counsel	ing or trea	ment as a re	sult of your ille	egal use of o	drugs or co	ontrolled sub	stances?	
, ,	An employer, military commander, or employe	ae assistanc	e program	□Ac	ourt official /	judge				•	
	A medical professional	•		☐ I ha	eve not been	ordered, advis	sed, or aske	d to seek			
_	A mental health professional					eatment by an					
					· · · · · · · · · · · · · · · · · · ·					<del></del>	
_	vide explanation >										
	you take action to receive counseling or treatr					YES	If YES, comp	lete (b))	NO (if NO.	complete (a))	
(a)	You have Indicated that you did not receive to	reatment.	<del></del>								
	Provide explanation.										
(b)	You have indicated that you did receive treat	meni	_		•						
(5)	Provide the type of drug or controlled substa		you were	treated.							
	Cocaine or crack cocaine (Such as rock,	freebase, el	c.)	Ì	Depressa	ints (Such as t	parbiturates	, methaqu	alone, tranq	ulilzers, etc.)	
	THC (Such as marijuana, weed, pot, has	hish, etc.)		1	Hallucino	genic (Such a:	s LSD, PCP	, mushroo	ms, etc.)		
	Ketamine (Such as special K, jet, etc.)				Steroids (	(Such as the c	lear, juice, e	ulce, etc.)			
	Narcotics (Such as oplum, morphine, co	deine, heroin	, etc.)	i	Inhalants	lants (Such as toluene, armyl nitrate, etc.)					
	Stimulants (Such as amphetamines, spe			v. etc.)		rovide explana	- •				
	Provide the name of the treatment provider.			,,,	and The State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of t		,				
	Last name	First name							,		
	Provide the address for this treatment provide Street	er, ( <i>Provide C</i> i City				es; otherwise, on Zip Code					
		1									
	Provide a telephone number for the	Extension		ational or I	OSN	Provide the					
	treatment provider.	1		number Night		From Date (		To Date	(Month/Year)		
					<u> </u>	<u> </u>	Est.			Est.	
	Did you successfully complete the treatment	YES	No -	+ (Provi	ie explanatio	on)					
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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Ac	tivity - (Cor	ntinued)					· · · · · · · · · · · · · · · · · · ·
3.7 Have you EVER voluntarily sought cour controlled substance?				· · · · · · · · · · · · · · · · · · ·	YES	NO (If NO, procee	
Complete the following if you responded 'Yes controlled substance?	s' to having	EVER voluntarily	sought counse	ling or treatme	nt as a resu	of your use of a dr	ug or
Entry #1		·					
Provide the type of drug or controlled substan		•					
Cocaine or crack cocaine (Such as rock,	freebase, etc	c.)	Depressa	nts (Such as ba	rbiturates, m	ethaqualone, tranquili	zers, etc.)
THC (Such as marijuana, weed, pot, has	nish, etc.)		Hallucinog	genic (Such as l	LSD, PCP, n	nushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)			Sterolds (	Such as the clea	ar, juice, etc.	.)	
Narcotics (Such as oplum, morphine, cod	eine, herain,	, etc.)	Inhalants	(Such as toluen	e, amyl nitra	te, etc.)	
Stimulants (Such as amphetamines, spee	ed, crystal m	eth, ecstasy, etc.)	Other (Pr	rovide explanati	on) <b>≯</b>		
Provide the name of the treatment provider. Last name	First name						
Provide the address for this treatment provide Street	r. (Provide Cit City	ly and Gountry if outsid	le the United State State	es; otherwise, provi Zip Code	-	and Zip Code) Duntry	
Provide a telephone number for the treatment provider.	Extension	International of phone number Day Nigt	Γ	Provide the da From Date (M		nent. To Date (Month/Year)	Presen
Did you successfully complete the treatment?	YES	□ NO → (Pro	vide explanatio	n)			
Entry #2							
Provide the type of drug or controlled substan	ce for which	you were treated.					
Cocaine or crack cocaine (Such as rock,	freebase, etc	C.)	Depressa	nts (Such as ba	rbiturates, m	ethaqualone, tranquili	zers, etc.)
THC (Such as marijuana, weed, pot, hash	rish, etc.)		Hallucinog	jenic (Such as l	SD, PCP, n	rushrooms, etc.)	
Ketamine (Such as special K, jet, etc.)			· Steroids (	Such as the clea	ar, juice, etc.	)	
Narcotics (Such as opium, morphine, code	eine, heroin,	eic.)	Inhalants	(Such as toluen	e, amyl nitra	te, etc.)	
Stimulants (Such as amphetamines, spee	d, crystal me	eth, ecstasy, etc.)	Other (Pr	ovide explanati	on) >		
Provide the name of the treatment provider. Last name	First name						
Provide the address for this treatment provide Street	r. (Provide City City	y end Country if outsid	a the United State State	s; otherwise, provi Zip Code		and Zip Code) puntry	
Provide a lelephone number for the treatment provider.	Extension	International of number  Day Nigh	-	Provide the da From Date (Mo		nent. To Date (Month/Year) Í	Presen
Did you successfully complete the treatment?	YES	□ NO → (Pro		0)		· ·	c.a
Did you added along documents	L., 100	Director (19	Aloc exhibition	···	· · · · · · · · · · · · · · · · · · ·		
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol						
24.1 In the last seven (7) years h professional or personal relat safety personnel?	nas your use of alcohol ilonships, your finances	had a negative impac , or resulted in interve	t on your work pontion by law enf	erformance, your orcement/public	YES [	NO (If NO, proceed to 24
Complete the following if you responded relationships, your finances, or resu	nded 'Yes' to your alcoh ilted in intervention by i	nol use having had a n aw enforcement/public	egative impact o	on your work perfordel,	mance, your	professional or personal
Entry #1	•					
Provide the dates of involvement or	use.					
From Date (Month/Year)	To Date (Month/Year)	Present			•	
☐ Est.		Est.				
Provide the month/year when this negative impact occurred,	Provide circumstance	s		Provide negative in	npact.	
From Date (Month/Year)						
Est.						•
Entry #2						
Provide the dates of involvement or	use.			<del> </del>		
From Date (Month/Year)	To Date (Month/Year)	Present	-			
☐ Est.		Est.				
Provide the month/year when this	Provide circumstance	5.	T	Provide negative in	noact.	
negative impact occurred.						
From Date (Month/Year)						•
☐ Est.						
Entry #3						· · · · · · · · · · · · · · · · · · ·
Provide the dates of involvement or	use.					
From Date (Month/Year)	To Date (Month/Year)	Present				
Est.		∏ Est.				
Provide the month/year when this negative impact occurred.	Provide circumstances	5.		Provide negative in	ipact,	<u>'</u>
From Date (Month/Year)		•	ľ			
☐ Est.						
Entry #4 Provide the dates of involvement or	1100					
	To Date (Month/Year)	Present				
∏ Est.		Est.				
Provide the month/year when this	Provide circumstances			Provide negative in	nn ot	
negative impact occurred.  From Date (Month/Year)	: Lipaine dicaustalice:	s.		· Linaine tieflatiae itt	ipaul.	
☐ Est.						
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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

24.2	n 24 - Use of Alcohol - (Continued)  Have you EVER been ordered, advised, or as	ked to seek co	unseling c	or treatm	ent as a res	ult of your use of	☐ YES	X NO (If NO, proceed to 24.)
	alcohol?						·	
	plete the following if you responded 'Yes' to hav	ing been orde	red, advise	ed, or as	ked to seek	counseling or treat	ment as a r	esult of your use of alcohol.
Entr								
	e any of the following ordered, advised, or asked	-	_	_		*	alcohol? (Ci	heck all that apply)
	An employer, military commander, or employee	assistance pro	gram	A co	urt official /	judge		,
	A medical professional					ordered, advised, or satment by any of the		seek
L	A mental health professional			Othe	r (Provide	explanation) 🕨		
Did	you take action to receive counseling or treatme	nt?				YES (If YES, con	npiele (b))	NO (If NO, complete (a))
(a)	You responded 'No' to having taken action to se	eek counseling	or treatm	ent. Exp	lain the rea	sons for not taking :	action to se	ek counseling or treatment.
	Provide explanation.							
(b)	You responded 'Yes' to having taken action to s	eek counselin	g or treatm	nent.				
	Provide the dates of counseling or treatment. From Date (Month/Year) To Date (Month)  Est.		Present Est.	Provide	the name o	f the individual cou	nselar or tre	eatment provider.
	Provide the full address for the counseling/treat	ment provider.	(Provide C	City and Go	ountry if autsid	de the United States; o	therwise, pro	vide City, State and Zip Code)
	Street	У.		St	ate	Zip Code	Country	
	Provide telephone number.	Ext	ension [		ational or D	SN phone number		
	Did you successfully complete the treatment?	☐ YES ☐	I NO		explanation	ant h		
		<u> </u>	J 110 - P	/ Invior	2 CAPIBITIONS	······································		
Entr	y #2 any of the following ordered, advised, or asked	you to sook o	ouncelled	or treate	neni se s m	sult of vous use of :	lechol2 (C)	hade all that applyls
	An employer, military commander, or employee	•	_			=		eppiy).
		Pagarana hio	G. B. L.	_				
	A medical professional					ordered, advised, or eatment by any of the		seex
□′	A mental health professional			Othe	r (Provide	explanation) >		
Did	ou take action to receive counseling or treatmer	112				YES (If YES, con	nista (h)l	NO (If NO. complete (a))
	You responded 'No' to having taken action to se		or Ireatm	ont Eval				
	Provide explanation.	er contactif	or treatile	ettir Evhi		ons to not taking a	ichott (0 26t	sk counseling of deatheric
	Tovide explanation.							
(b)	You responded 'Yes' to having taken action to s	ek counseling	or treatm	nent.				
	Provide the dates of counseling or treatment.				the name o	f the individual cour	selor or tre	atment provider.
	From Date (Month/Year) To Date (Mon.	Ш.	resent					•
	☐ Est.		ëst.					
	Provide the full address for the counseling/treati Street City		(Provide C		ountry if outsid ate	le the United States; of Zlp Code	herwise, prov Country	vide City, State and Zlp Code)
						1	1	
	Provide telephone number.	Fylo	ension [		Warel or Di	SN phone number	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			~~~	Might	an phone number		
•	Did you successfully complete the treatment?	YES [	NO→		explanatio	n) <b>&gt;</b>		
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ar Vo	ur Social Security Number before going	to the next	page -			······································	<b>•</b>	069-68-8543

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

3 Have you EVER voluntarily sou	ight counseling or	treatment as	result of your use of al	icohol?	YES X NO (If NO. proceed
Complete the following if you respond	led 'Yes' to volunt	arily seeking c	ounseling or treatment.		
intry #1					
rovide the dates of counseling or tre	atment.		Provide the name of t	he individual counselo	r or treatment provider.
	o Date (Month/Year)	Present			
Est.		Est.			•
rovide the full address of the counse	eling/treatment pro	vider. (Provide	City and Country if outside !	the United States; otherwis	se, provide City, State and Zip Code)
treet	City		State	Zip Code	Country
			•		
rovide telephone number.		Extension	International or DSN	Labora gumbos	
	i		Day Night	huous ununct	
id you successfully complete the tre	atment? YE	5 <u> </u> NO-	(Provide explanation	1) }	
ntry #2					
rovide the dates of counseling or tre rom Date (Month/Year) To	eatment. o Date <i>(Month/Year)</i>	) [T] b	Į.	he individual counselo	r or treatment provider.
	a Deta (Month Leaf			·	
☐ Est.		Est.			
rovide the full address of the counse treet	ling/treatment pro City	vider. (Provide	City and Country if outside t State	he United States; otherwis Zip Code	e, provide City, State and Zip Code) Country
neet	City		Jalate	Sib Code	1
rovide telephone number.	1	Extension	International or DSN	phone number	
<u> </u>			Day Night		
id you successfully complete the tre	atment? 🔲 YE	S NO-	Provide explanation	) >	
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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 24 - Use of Alcohol - (Continue	d)	•			
4.4 Have you EVER received counse you have already listed on this fo		rit of your use of alcohol in	addition to what	YES X	NO (II NO, proceed to Section 2
Complete the following if you responded	'Yes' to having EVER red	ceived counseling or treatm	ent as a result of yo	our use of alcoh	ol.
Entry #1					
Provide the name of the individual coun	selor or treatment provide	г.	-		
Name .					
Provide the full address of the counseling					/, State and Zip Code)
Street	City	State	Zip Code	Country	
					`
Provide the name of agency/organization Name	n where counseling/treatn	nent was provided.		•	
Provide the address of agency/organiza	tion where councilinatres	atment was provided (Design	do Olhe and Country it o	ustalda tha 1 Initad	Claine
otherwise, provide City, State and Zip Code)			•	ipiside ine Onked	Same as abou
Street	City	State.	Zip Code	Country	
Provide the dates of counseling or treat					
	lend '	esent			•
Est.	Es	i.			
Did you successfully complete your cou	nseling or treatment?		YES (Provide	e explanation)	NO (Provide explanatio
Explanation			***		
Entry #2					
Provide the name of the individual coun Name  Provide the full address of the counseling	·.		the United States; other	rwise, provide City	, State and Zip Gode)
Street	City	State	Zip Code	Country	
Provide the name of agency/organizatio Name	n where counseling/freatm	nent was provided.		· · · · · · · · · · · · · · · · · · ·	
Provide the address of agency/organiza	,	teent was resulted (P	d. Oh. and Co. what is		Charles party
otherwise, provide City, State and Zip Code)	non where connsening/hea	itinelit was brovided, (Frovi	de Chy and Godniry II d		Sistes: Same as abo
Street	City	State	Zip Code	Country	
		·			
Provide the dates of counseling or treatr					
		esent			
Est.	☐ Es	t.			
Did you successfully complete your cour	nseling or treatment?		YES (Provide	explanation)	NO (Provide explanation
Explanation					
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## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record			
25.1 Has the U.S. Government (or a foreign gover a security clearance eligibility/access?	nment) EVER inv	restigated your background and/or granted you	X YES NO (If NO, proceed to 2
Complete the following if you responded 'Yes' to it granted you a security clearance eligibility/acces	ne U.S. Governn s.	nent (or a foreign government) having investiga	ated your background and/or having
Entry #1	•	•	
Provide the investigating agency:	,		
U.S. Department of Defense	] U,S. Departme	nt of Homeland Security	
U.S. Department of State	Foreign govern	ment (Provide name of government) • Russia	
U.S. Office of Personnel Management	l don't know		
Federal Bureau of Investigation		e explanation) >	
U.S. Department of Treasury	, , , , , ,		
Provide the name of agency that issued the clearan	ce eligibility/acce	ss if different from the investigating agency	
The same than an education of the same and same same same same same same same same		ussian Government	,
Date the investigation was completed (Month/Year)		Provide the date clearance eligibility/access was	a granted (the that are
Date the investigation was completed (world) really	I don't know	09/2010	[A] ( doil) ( iii
	Est.	08/2010	X Est.
Provide the level of clearance eligibility/access gran	ted:		·
None			
Confidential	L		
Secret	☐ I don't know		•
Top Secret	Issued by for	reign country	
Sensitive Compartmented Information (SCI)	Other (Provi	de explanation) ▶ Tourist	
Entry #2			
Provide the investigating agency:			
	] U.S. Denartmer	nt of Homeland Security	
		ment (Provide name of government) • Berlarus	
	l don't know · · ·		
	•		
	Other (Provide	e explanation) •	
U.S. Department of Treasury	o	of stee at the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	
Provide the name of agency that issued the clearant			1
		russian Government	
00/0040	X I don't know X Est.	Provide the date clearance eligibility/access was 10/2010	granted. (Month/Year)
Provide the level of clearance eligibility/access grant	ed:		
X None.	ΠQ		•
Confidential			•
Secret	I don't know		
Top Secret	Issued by for	elan country	
		e explanation) > Tourist	•
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Standard Form 86
Revised December 2010
U.S. Office of Personnel Management

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206 0005

5 CFR Paris 731, 732, and 736 Section 25 - Investigations and Clearance Record - (Continued) Have you EVER had a security clearance eligibility/access authorization denied, suspended, or 25.2 YES X NO (If NO, proceed to 25.3) revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.) Complete the following if you responded 'Yes' to having EVER had a security clearance eligibility/access authorization denied, suspended, or revoked, Entry #1 Provide the name of the agency that took Provide an explanation of the circumstances of the denial, Provide the date security clearance aligibility/access authorization was denied, the action. suspension or revocation action. suspended or revoked. (Month/Year) Est. Entry #2 Provide the name of the agency that took Provide the date security clearance Provide an explanation of the circumstances of the denial, eligibility/access authorization was denied, the action, suspension or revocation action. suspended or revoked, (Month/Year) Est. 25.3 Have you EVER been debarred from government employment? YES NO (If NO, proceed to Section 26) Complete the following if you responded 'Yes' to having EVER been debarred from government employment. Provide the date the debarment occurred. Provide an explanation of the circumstances of the Provide the name of the government agency taking debarment action. (Month/Year) debarment. Est. Entry #2 Provide the name of the government Provide the date the debarment occurred. Provide an explanation of the circumstances of the agency taking debarment action. (Month/Year) debarment. Est. 089-68-8543 Enter your Social Security Number before going to the next page

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	I filed a petition under any cha	pter of the bankrupto	v cade?	☐ YES	X NO (If NO, proce	ed Io 26
Complete the following if you responded 'You				L,-1		
Entry #1			· · · · · · · · · · · · · · · · · · ·	1		
Select the applicable bankruptcy petition typ	ie. Pi	rovide the bankruptcy	court docket	account number.		
Chapter 7 Chapter 11	Chapter 13					
Provide the date bankruptcy was filed. (Month/Year)	Provide the date of ba discharge. (Month/Year)	) Not	Applicable	Provide the total a dollars) involved in		
E	st.	Est.				Est
Provide the name debt is recorded under. Last name	First name		Middle na	me	Suffix	
Provide the name of the court involved.						· · · · · · · · · · · · · · · · · · ·
Provide the address of the court involved. (						
Street .	City	State	Zip Code	Cauntry		
(a) If Chapter 13 previously selected:						
Provide the name of the trustee for this	pankruptcy.		•			
Devide the state of the Australia	Alder from the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro					
Provide the address of the trustee for Street	this bankruptcy. (Provide City City	and Country if outside the State	e United States; Zip Code	otherwise, provide City Country	y, State and Zip Code)	
		[ 5.515		[		
Nere you discharged of all debts claimed in	the hankunter/2					
Provide Explanation.			☐ YES (F	Provide explanation)	NO (Provide et	k planatio
	•	•			•	
Entry #2				•		
Select the applicable bankruptcy petition typ	e	rovide the bankruptcy	court docket	account number, "		
Chapter 7 Chapter 11	Chapter 13					
rovide the date bankruptcy was	Provide the date of bar			Provide the total a	mount (in U.S.	
iled. (Month/Year)	discharge. (Month/Year)	-	Applicable	dollars) involved in	the bankruptcy.	
Es	t.	Est.				Est.
Provide the name debt is recorded under. ast name	. First name	•	Middle na	ne	Suffix	
rovide the name of the court involved						
ravide the name of the court involved.						
	Provide City and Country if nutside	the United States: other	ulse provirie Cli	v. State and Zin Codel		
rovide the address of the court involved. ()	Provide City and Country if outside City	the United States; otherv	wise, provide Cli Zip Cade	y, State and Zip Code) Country		
rovide the address of the court involved. (						
rovide the address of the court involved. (I						
rovide the address of the court involved. (I	City					
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rovide the address of the court involved. (I treet	City pankruptcy.	State	Zip Gade	Country		
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Provide the address of the trustee for	City  Dankruptcy.  this bankruptcy. (Provide City a	State State and Country if outside the	Zip Code	otherwise, provide City Country	r, State and Zip Code)	planation

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)		·
26.2 Have you EVER experienced financial problems due to game	ibling?	YES X NO (If NO, proceed to 26.3)
Complete the following if you responded 'Yes' to having EVER ex	perlenced financial problems dué to gambling	•
Entry #1		
Provide the date range of your financial problems due to gambling		dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Presen	t ₁	
Est. Est.		
Provide a description of your financial problems due to gambling.		eur financial problems due to gambling provide ot taken any action(s), provide explanation.
	, ,	
Entry #2		
Provide the date range of your financial problems due to gambling	. Provide an estimate of the amount (in U.S.	dollars) of gambling losses incurred.
From Date (Month/Year) To Date (Month/Year) Presen	ι,	
☐ Est. ☐ Est.		
Provide a description of your financial problems due to gambling.	If you have taken any action(s) to rectify yo	our financial problems due to gambling,provide
	a description of your actions. If you have no	ot taken anytaction(s), provide explanation.
	1	
26.3 In the past seven (7) years have you falled to file or pay Fellow or ordinance?	ederal, state, or other taxes when required by	YES NO (If NO, proceed to 26.4)
Complete the following if you responded 'Yes' to having falled to f	ile or pay Federal, state, or other taxes when	required by law or ordinance.
Entry #1		
	he year you failed to file or pay your Federal,	
File Pay Both		Est.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes.	Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable
Est.		Est.
Provide a description of any action(s) you have taken to satisfy this	s debt (such as withholdings, frequency and a	mount of payments, etc.). If you have not
taken any action(s) provide explanation.		
Entry #2		
	he year you falled to file or pay your Federal,	
File Pay Both	·	☐ Est.
Provide the reason(s) for your failure to file or pay required taxes.	Provide the Federal, state, or other agency to which you failed to file or pay taxes,	Provide the type of taxes you falled to file or
	to which you taked to file of pay taxes.	pay (such as property, income, sales, etc.).
Provide the amount (in U.S. dollars) of the taxes.	Provide date satisfied. (Month/Year)	Not Applicable
Est,	debt for the analysis to 190	Est.
Provide a description of any action(s) you have taken to satisfy this taken any action(s) provide explanation.	e dept (such as withholdings, frequency and a	mount of payments, etc.). If you have not
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inter your Social Security Number before going to the nex	t page	069-68-8543
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 26 - Financial I	vecota - traumini	ed)						
agreement for a	a travel or credit car	d provided	counseled, warned, or I by your employer?					), proceed to 26.5
Complete the following provided by your emp		'Yes' to ha	iving been counseled,	warned,	or disciplined i	or violating the terms of a	greement for a tra	vel or credit ca
Entry #1								·····
Provide the name of t	he agency or comp	any.						
			······································					
Provide the address of Street	of the agency or con		ovide City and Country if o City	utside the (	<i>Inited States; oil</i> State	envise, provide City, State an Zip Code Coun		:
0.1.001				-				
Provide the date of yo	our counseling, warr	ning, or dis		h/Year)	Provide the re	ason(s) for the counseling	, warning, or disc	plinary action
Provide the amount (i of violation,	n U.S. dollars)		rovide a description o action(s) provide expla		on(s) you have	taken to rectify this situa	tion. If you have n	ol taken any
·		Est.						
Entry #2								
Provide the name of t	ne agency or compa	алу.				1	,	
	if the agency or con					erwise, provide City, State and		
Street	•	1	City		State	Zip Code Coun	try	
Provide the date of yo	ur councelling war	ino ordie	ciplinant action (44-44	6001	Drovide the re	ason(s) for the counseling	weenlag or disc	eliana estina
				Est.				
Provide the amount (in of violation.	n U.S. dollars)		rovide a description o ction(s) provide expla		on(s) you have	taken to rectify this situa	tion. If you have n	ot taken any
	. [	Est.	•		•			
resolve your fin	ancial difficulties?					similar resource to		
Complete the following resolve your financial		'Yes' to be	ing currently utilizing,	or seekin	g assistance fi	om, a credit counseling s	ervice or other sim	llar resource to
Entry #1	•							
Provide explanation.				Provide	the name of th	ne credit counseling organ	ization or resource	).
Provide the telephone	number of the cred	lit counseli	ng organization.	<del></del>		Provide the location of t	he credit counselle	ng organization.
Telephone number	E	extension	International or	DSN ohor	ie unuper.	City		
	1		1 mm n [ ] LH - LL					itate
As a result of this cour		escrintion :	Day Night		to recolve you	r financial difficulties. If w	not taken	
		escription			to resolve you	r financial difficulties, if yo	ou have not taken	
		escription (			to resolve you	r financial difficulties, if yo	ou have not taken	
provide explanation.  Entry #2		escription (		ave taken		ir financial difficulties. If you		any action(s),
provide explanation. Entry #2		escription		ave taken				any action(s),
provide explanation.  Entry #2  Provide explanation.  Provide the telephone	nseling, provide a di	it counselli	of any action(s) you ha	eve taken	the name of th	e credit counseling organ	ization or resource	any action(s),
entry #2  Provide explanation.  Provide the telephone	nseling, provide a di		of any action(s) you have a second of any action(s) you have a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a second of a sec	eve taken	the name of th	se credit counseling organ	ization or resource	any action(s),
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Entry #2 Provide explanation.  Provide explanation.  Provide the telephone Telephone number  As a result of this cour	nseling, provide a di number of the cred E	it counselli ixtension	of any action(s) you have a second and action for the second and action for the second action and action and action and action and action and action and action and action action and action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action action ac	Provide	the name of the	e credit counseling organ Provide the location of t	ization or resource he credit counselle S	any action(s), e. ng organization.

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Form approved: OMB No. 3206 0005

Section 26 - Financial Record - (Continued) Other than previously fisted, have any of the following happened to you? (You will be asked to provide YES X NO (If NO, Proceed to 26,7) details about each financial obligation that pertains to the items identified below) - In the past seven (7) years, you have been delinquent on alimony or child support payments. - In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner - in the past seven (7) years, you had a lien placed against your property for falling to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues. Entry #1 Provide the name of agency/organization/individual to which debt is/was owed. Did/does this financial issue include any of the following? (Check all that apply) NO (If NO, Proceed to 26.7) In the past seven (7) years, you have been delinquent on alimony or child support payments. In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). In the past seven (7) years, you had a lien placed against your property for falling to pay taxes or other debts. (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor). You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor). Identify/describe the type of property involved (If any). Provide the associated loan/account number(s) involved, Provide the amount (In U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue. Est. Provide the date the financial Provide the name of the court involved. Provide date the financial issue issue began. (Month/Year) was resolved. (Month/Year) Not Resolved Est. Est .... Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) Street City State Zip Code Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation. 069-68-8543 Enter your Social Security Number before going to the next page

## QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)	• •		. ·					
Complete the following if you answered 'Yes' to	having experienced one or mo	re of the previously stated t	inancial Issues.					
Entry #2								
Provide the name of agency/organization/individ	dual to which debt is/was owed.							
Did/does this financial issue include any of the fi	following? (Check all that apply)		YES NO (IF NO.	Proceed to 26.7)				
In the past seven (7) years, you have been	n delinquent on allmony or child	support payments.						
In the past seven (7) years, you had a judg for which you were a cosigner or guarantor).		lude financial obligations fo	r which you were the sale debtar, a	as well as those				
In the past seven (7) years, you had a lien you were the sole debtor, as well as those fo			er debts. (Include financial obligati	ons for which				
You are currently delinquent on any Federal cosigner or guarantor).	l debt, (include financial obligati	ons for which you are the s	ole debtor, as well as those for wh	ich you are a				
Provide the associated loan/account number(s)	involved.   Identify/describe th	e type of property involved	(if any).	·				
Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.								
	Est.							
	vide date the financial issue resolved. (Month/Year)	Provide Provide	the name of the court involved.					
Provide the address of the court involved. (Provided the address of the court involved.)	de City and Country if outside the Un		lity, State and Zip Code)					
Street	City .	State Zip Code	Country					
Provide a description of any action(s) you have t	taken to satisfy this debt (such	as withholdings, frequency	and amount of payments, etc.), If	you have not				
taken any action(s), provide explanation.		•		•				
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Provide the date the financial issue began. (Month/Year)  Provide date the financial issue was resolved. (Month/Year)  Est.  Provide date the financial issue was resolved. (Month/Year)  Est.  Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.	Section 25 - Financial Record - (Continued)			
- In the past seven (7) years, you had any possessions or property voluntarily or involuntarily .7 Other than previously listed, have any of the following happened?	[] VEC	CINO	II NO annual la Cardan G	
- In the past seven (7) years, you be debtor, as well as those for which you were to exaginer or guarantor) - In the past seven (7) years, you had still or debts turned over to a collection agency? - In the past seven (7) years, you had still you have to examine the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were to examine the sole debtor, as well as those for which you were solenger or guarantor) - In the past seven (7) years, you had any secound or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial collegations for which you were solenger or guarantor) - In the past seven (7) years, you had any secound or credit card suspended In the past seven (7) years, you had you'weaps, benefits, or assets paralheld or ethached for any ressor? - In the past seven (7) years, you have been over 120 days delinquent on any debt? (Include financial obligations for which you were to sole debtor, as well as those for which you were to sole debtor, as well as those for which you were to sole debtor, as well as those for which you were a codigner or guarantor) - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor, as well as those for which you were a codigner or guarantor) - You are unrently over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor, as well as those for which you were a codigner or guarantor) - You are unrently over 120 days delinquent on any debt? (Include financial obligations for which you were the sole debtor, as well as those for which you were a codigner or guarantor) - In the past seven (7) years, you be always to sole the past of the previously stated financial obligations for which you were the sole debtor, as well as those for which you were a codigner or guarantor) - In the past seven (7) years, you the favor of the previously debt o	<ul> <li>In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor,</li> </ul>	L 150	. Пиот	ii NO, proceed to Section 2
- In the past seven (?) years, you had bills or debts turned over to a collection agency? (Include financial colligations for which) you were the sole debtor, as well as those for which you were a cosigner or guarantor) - In the past seven (?) years, you had any account or credit card suspended, charged off, or carcelled for falling to pay as agreed? (Include financial obligations for which you were the ede debter, see well as showe for wave evided for non-purpment? - In the past seven (?) years, you had you' wages, benefits, or assets gernlahed or attached for any reason? - In the past seven (?) years, you had you' wages, benefits, or assets gernlahed or attached for any reason? - In the past seven (?) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosignar or guarantor) - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor) - You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are were also debtor, as well as those for which you are a cosigner or guarantor) - Yes are currently over 120 days delinquent on any debt? (Include financial obligations for which you answered "Yes" to having experienced one or more of the previously stated financial fiscues.  Entry #!  Provide the name of agencylorganization/inclividual to which debt is/ves cwed.  In the past aven (?) years, you bad any possessions or properly voluntarity repossessed or foreclosed? (Include financial obligation for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you were the sole debtor, as well as those for which you we	<ul> <li>In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a</li> </ul>			
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Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.	Provide the date the financial issue began. (Month/Year) Provide date the financial issue was reso	lved. (Mor	th/Year)	Not Resolved
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	Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and a taken any action(s), provide explanation.	mount of	payments,	etc.). If you have not
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THU MALANDA	er your Social Security Number before going to the next page			069-68-8543

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

ection 26 - Financial Record - (Continued)
Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.
Entry #2
Provide the name of agency/organization/individual to which debt is/was owed.
Did/does this financial issue include any of the following? (Check all that apply)
In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
in the past seven (7) years, you defaulted on any type of loan? (include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
In the past seven (7) years, you were evicted for non-payment?
In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
In the past seven (7) years, you have been over 120 days definquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guaranter)
Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).
Provide the amount (in U.S., dollars) of the financial issue.  Provide the reason(s) for the financial issue.  Provide the current status of the financial issue.
Provide the date the financial issue began. (Month/Year)  Provide date the financial issue was resolved. (Month/Year)  Not Resolved  Est.
Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.
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Standard Form 96 Revised December 2010

#### QUESTIONNAIRE FOR

Form approved: OMB No. 3206 0005

069-68-8543

J.S. Office of Personnel Managament I.S. Parts 731, 732, and 736	NATIONAL SECURI	TY POSIT	TONS	
Section 27 - Use of Information Technology S	ystems	. :		
We note, with reference to this section, that neith evidence against you in a subsequent criminal pr government. The following questions ask about y hardware, software, firmware, and data used for	oceeding. As to this particular sect our use of information technology:	ion, this applies systems, inform	whether or not you retion technology sy	are currently employed by the Federal stems include all related computer
27.1 In the last seven (7) years have you ille access any information technology system.		on accessed or	attempted to	YES NO (If NO, proceed to 27.2)
Complete the following if you responded 'Yes' any information technology system.	to having in the last seven (7) yea	ars illegally or v	vithout proper autho	rization entered or attempted to enter int
Entry #1	Provide a description of the nat			
Provide the date of the incident. (Month/Year)	1	ure of the mold	ent or onense.	
Provide the location where the incident took plant Street	ace. (Provide City and Country if outside City	the United States State	s; otherwise, provide Cit Zip Code	y, State and Zip Code) Country
				1
Provide a description of the action (administrate	ive, criminal or other) taken as a re	sult of this inci	dent.	
Entry #2				,
Provide the date of the incident. (Month/Year)	Provide a description of the nat	ure of the incid	ent or offense.	
Provide the location where the incident took pla	_1			
Street	City	State	Zip Code	Country
Provide a description of the action (administrat	ive, criminal or other) taken as a re	sult of this incl	dent.	
17.2 In the last seven (7) years have you ille denied others access to information residence?				YES NO (II NO, proceed to 27.3)
Complete the following if you responded 'Yes' denied others access to information residing or				
Entry #1				
Provide the date of the incident. (Manth/Year)	Provide a description of the nate	ure of the incide	ent or offense.	
Provide the location where the incident took pla				· ·
Street	City	State .	Zip Code	Country
Provide a description of the action (administrati	ve, criminal or other) taken as a re	sult of this inci	ient.	
Esta, #3				
Entry #2 Provide the date of the incident. (Month/Year)	Provide a description of the nati	ure of the incide	ent or offense:	
Est.				
Provide the location where the incident took pla			; atherwise, provide City	
Street	City	State	Zip Code	Country
Provide a description of the action (administrati	ve, criminal or other) taken as a re	sult of this incid	lent.	
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Enter your Social Security Number before going to the next page

# . QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

connection with a	iny information te	chnology system	without authoriz	zation, when specifica	, or media in ally prohibited	YES NO	NO, proceed to Section
ection with any info	rmation technolo	'Yes' to having it gy system withou	n the last sever ut authorization,	n (7) years introduce when specifically pro	d, removed, or ushibited by rules,	sed hardware, software procedures, guideline	re, or media in es, or regulations or
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de the date of the i			a description of	the nature of the Inc	dent or offense.		
de the location who			e City and Country	If outside the United State	les; otherwise, provi	de City, State and Zip Co Country	de)
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ae a description of	. Iue actiou (sour	nistrative, crimina	ii ar otner) taker	) as a result of this in	cident.		
#2							
de the date of the t			a description of	the nature of the inc	dent or offense.		
de the location who t	ere the incident to	ook place. (Provide Clty	e Gity and Gountry	if outside the United State State	les; otherwise, prov Zip Code	ide City, State and Zip Co Country	da)
de a description of	the action (admi	nistrative, crimina	I or other) taker	as a result of this in	cident.		
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(Provide City)	connection with any information technology system without authorized by rules, procedures, guidelines, or regulations or attempted any or plete the following if you responded 'Yes' to having in the last sever action with any information technology system without authorization, pted any of the above.  #1  de the date of the incident. (Manth/Year) Provide a description of Est.  de the location where the incident took place. (Provide City and Country City  #2  de the date of the incident. (Manth/Year) Provide a description of Est.  de the location where the incident took place. 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(Provide a description of the nature of the incident incident. (Month/Year)  #2  The the date of the incident. (Month/Year)  Est.  Provide a description of the nature of the incident took place. (Provide City and Country if outside the United State City  City  State	plete the following if you responded 'Yes' to having in the last seven (7) years introduced, removed, or used to make the information technology system without authorization, when specifically prohibited by rules, pted any of the above.  #1  de the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.      Est.	connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above?  Idea the following if you responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software cation with any information technology system without authorization, when specifically prohibited by rules, procedures, guideline pted any of the above.  #1  Idea the date of the incident. (Month/Year)    Provide a description of the nature of the incident or offense.   Provide and Country if outside the United States; otherwise, provide City, State and Zip Co. City   State   Zip Code   Country

#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

	nt in Non-Criminal Court /						···
s form?	s, have you been a party to						(If NO, proceed to Section
en (10) years.	g if you responded 'Yes' to	having been a party to any	public record civil o	ourt actio	n(s) not list	ed elsewhere	on this form in the las
intry #1	-1.11 - 11 - 11 - 11	Desired the south some	· · · · · · · · · · · · · · · · · · ·				
tovide the date of th	e civil action. (Month/Year)	Provide the court name	•				
Provide the address of Street	f the court. (Provide City and C	Country if outside the United State Oity	es; otherwise, provide State	City, State Zlp Cod		e) Country	
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rovide details of the	nature of the action.	Provide a description of	the results of the	action.	Provide t involved	he name(s) of in the court ac	the principal parties tion.
intry #2							
rovide the date of the	e civil action. (Month/Year)	Provide the court name,					
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record					
The following pertain to your associations. You are adverse employment, security, or credentialing de dangerous to human life and appear to be intende coercion, or to affect the conduct of a government	cision. For the purpose d to intimidate or coen	e of this question, terrorish se a civilian population to i	n is defined as any niluence the policy	criminal acts	that involve violence or are
29.1 Are you now or have you EVER been a n awareness of the organization's dedication.				YES	NO (If NO, proceed to 29.2
Complete the following if you responded 'YES' the organization's dedication to that end, or with			janization dedicate	d to terrorism	ı, either with an awareness o
Entry #1					
Provide the full name of the organization,	•				
Provide the address/location of the organization				_	Code)
Street	City	State	Zip Code	Country	
Provide the dates of your involvement with the c From Date (Month/Year) To Date (Mon	organization. hth/Year)	Provide all positions held	in the organization,	if any.	No positions held
Provide all contributions made to the Oo organization, if any.	contributions made	Provide a description of the organization.	e nature of and rea	isons for you	r involvement with the
Entry #2	<u></u>				
Provide the full name of the organization.	· ·	,			,
Provide the address/location of the organization	. (Provide City and Count	ry if outside the United States;	otherwise, provide City	, State and Zip	Code)
Street	City	State	Zip Code	Country	
Provide the dates of your involvement with the of From Date (Month/Year)  To Date (Month)	organization.  th/Year) Present	Provide all positions held	in the organization,	if any.	No positions held
Est	Est. · · · ·		4	`	
Provide all contributions made to the One No organization, if any.		Provide a description of the organization.	e nature of and rea	isons for you	r involvement with the
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

3.2 Have you EVER knowingly engaged in any acts of terrorism?	DVEC STANCES	
	☐ YES ☒ NO (II NO, prac	eea to 2!
Complete the following if you responded 'Yes' to EVER having knowlngly enga	geo in any acts of terrorism.	
Entry #1 Describe the nature and reasons for the activity.	Provide the dates for any such activities.	<del></del>
	From Date (Month/Year) To Date (Month/Year)	Pres
	☐ Est.	Est.
Entry #2		
Describe the nature and reasons for the activity.	Provide the dates for any such activities.	
	From Date (Month/Year) To Date (Month/Year)	Pres
	Est.	Est.
.3 Have you EVER advocated any acts of terrorism or activities designed to force?	overthrow the U.S. Government by YES NO (Proce	ed to 29
Complete the following if you responded 'Yes' to having EVER advocated any force.	acts of terrorism or activities designed to overthrow the U.S. Govern	ment by
Entry #1		
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism.	
	From Date (Month/Year) To Date (Month/Year)	Pres
,	Est.	Est.
Entry #2		
Provide the reason(s) for advocating acts of terrorism,	Provide the dates of advocating acts of terrorism.  From Date (Month/Year) To Date (Month/Year)	- d
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section	29 - Association Reco	rd - (Continued)								
29,4	Have you EVER been a the United States Gover organization's dedication	mment, and whic	h engaged in activitie	s to that end	with an aware	orce to overthr eness of the	ow 🔲	YES XNO	O (If NO, proceed	i to 29.5
Unite	olete the following if you of distance of the following if you of the following it of further such activities	d which engaged								
Entry	#1								\	
Pravio	de the full name of the or	ganization.		-					,	Managada da aran aran aran aran aran aran ara
Provid	de the address/location o	f the organization	1. (Provide City and Cour	ntry if outside th	e United States,	otherwise, prov	ide City, State a	nd Zip Code)		<del></del>
Street			City		State	Zip Code	Coun			
	de the dates of your invol Date (Month/Year)	To Date (Mon	organization.  organization.  organization.  Present  Est.	Provide all	l positions held	I in the organiz	zation, if any.	∏ No	positions held	
	de all contributions made ization, if any.	to the No	contributions made	Provide a d organizatio		he nature of a	ind reasons fo	r your involv	ement with the	
Entry	#2				*					
	de the full name of the or	ganization.		· · · · · · · · · · · · · · · · · · ·						
Provin	te the address/location o	f the organization	. (Provide City and Cou	ntry if outside th	e United States:	athenvise, prov	ide City. State a	nd Zin Code)		
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# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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		discourage	others from e	xercising the	eir rights un		ices commissio Constitution or			YES	X NO (II NO	proceed to
force	plete the follow or violence to action.	ving if you res discourage o	sponded 'Yes others from ex	to being or rercising the	EVER hav	ing been a m der the U.S. (	ember of an or Constitution or	genization th that of any st	at advocates ate of the U.	or prac S, with	ctices commi the specific i	ssion of act
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Provid	e the full nam	ie of ula orga	nization.									
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		s/location of t	he organizati		City and Coun	try if outside th	e United States; o				(ade)	
Street				City			State f	Zip Cade I	Cau	ntry		
Provid	ie the dates o	f your involve	ment with the	e organizatio	on.	Provide all	positions held l	n the organiz	ation, if any.		No position	ns held
From	Date (Month/Y	ear)	To Date (Mo	nth/Year) [	Present							
		Est.		Ī	Est.							
Provid	ie all contribui	lons (in U.S.	dollars) 🗀 N	lo contelbuth		Provide a d	escription of th	s nature of a	nd reasons fo	or vaur	Involvement	with the
made	to the organiz	ation, if any.		AR POLITION	Ulla HIAUG	organization		- 1131313 01 01		o. 1001		***************************************
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Entry												
Provid	ie the full nam	e of the orga	nization.									
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#### QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

.6 Have you EVER knowingly engaged in activities designed to overthrow the t				NO (II NO, pr	
Complete the following if you responded 'Yes' to having EVER knowingly engaged	in activities design	gned to overthrow	the U.S. Go	vernment by fo	эгсе.
Entry #1					
Describe the nature and reasons for the activity.		e dates of such ac (Month/Year)		a /Manth/Vand	-
	I Tom Date		ł	le (Month/Year)	
			2SL.		Est.
Entry #2			11. 11.1 -		
Describe the nature and reasons for the activity.		e dates of such at (Month/Year)		te (Month/Year)	
	1		1	- promition ready	Pres
	<u> </u>				
.7 Have you EVER associated with anyone involved in activities to further terro			☐ YE	s 🗌 NO	3
Complete the following if you responded 'Yes' to having EVER associated with an	one involved in a	activities to further	terrorism.		
Entry #1					
Provide explanation.					
				<u>Y</u>	
Entry #2					
Provide explanation.					
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(a) (b)					

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Continuation Space ·	
Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13. Use the space below to contil items. If additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each bla answer, identify the number of the item and attempt to maintain sequential order and question format.	nue answers, to all other ink sheet (s). Before each
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After completing this form and any attachments, you should review your answers to all questions to make sure the for and then sign and date the following certification and the attached release(s).  Certification  My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and believe carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on the fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance.	ef and are made in good faith. I his form can be punished by tion may have a negative
Signature (Sign in ink)	Date signed (mm/dd/yyyy) 07/15/2015
Enter your Social Security Number before going to the next page	069-68-8543